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ABSTRACT

Testimony was heard concerning unmet needs for child care and current child care policy. Appearing before the Committee were California government officials, agency administrators and directors, school district officials, psychologists, anthropologists, and other researcher/practitioners, doctors, lawyers, parents, and children. Testimony covered the following topics: experiences of latchkey children; child care issues unique to disabled children and their families; respite care; working parents' difficulties in finding acceptable child care; changes in parents' anxieties about child care; child sexual abuse in child care centers; problems encountered in starting a nonprofit, business-sponsored child care center; incentives necessary to encourage developers' and businesses' involvement in child care; child care providers' needs; the costs of quality care; preventive services to families; the history of child care in California; the California Child Care Resource and Referral Network; the Child Care Law Center project; Nevada's Child Care Service Bureau; the San Francisco schools' Child Development Programs; training needs for family day care providers; a family day care home delivery system; the satisfactions of full-time parenting; and sick child day care. Also included in the committee print, among other and supplemental materials, are a paper on services to Hispanic children in California's child development programs and a feasibility report on employer-sponsored child care. (RH)

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CHILD CARE: EXPLORING PRIVATE AND PUBLIC SECTOR APPROACHES

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HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

HEARING HELD IN SAN FRANCISCO, CA, ON JUNE 18, 1984

Printed for the use of the Select Committee on Children, Youth, and Families

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CHILD CARE: EXPLORING PRIVATE AND PUBLIC SECTOR APPROACHES

MONDAY, JUNE 18, 1984

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
San Francisco, CA.

The select committee met, pursuant to call, at 9:30 a.m., in Toland Hall, U-142, University of California, San Francisco, CA, Hon. George Miller, chairman, presiding.

Members present: Representatives Miller, Boxer.

Members also present: Representative Sala Burton.

Staff present: Ann Rosewater, deputy staff director; and George Elser, minority counsel.

Chairman MILLER. The select committee will come to order.

This is the third in a series of hearings that the Select Committee on Children, Youth, and Families has held to explore current child care policy, and hopefully to make recommendations to improve that policy in the United States.

I am delighted to bring the select committee to the Bay area.

In the course of our investigation, we have learned of the great unmet need for quality child care in America. This shortage affects families, working women, employment and productivity, and most especially, millions of children who are without adequate supervision and care.

In the Bay area alone, 50,000 more children will need day care next year. Even this moment, there are over 3,000 children on waiting lists for school-sponsored care in San Francisco alone. This situation is illustrative of the entire country.

Millions of American families find themselves in nearly constant search for safe, affordable, quality child care. This demand for quality child care is certain to grow as more women enter the workforce during this decade.

If families, including the growing number of single-parent families, are to be economically independent, we need more and better child care arrangements, and that is simply a fact of life.

Based on that premise, the committee has come to San Francisco to take testimony from people throughout the State of California.

I like to believe, and I am sure that my colleagues here like to believe, that San Francisco and California are in the vanguard of child care policy, but I think we will find out as we listen to the witnesses this morning and this afternoon that even we in California are not filling the need for affordable child care.

[Opening statement of Congressman George Miller follows:]

OPENING STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

I am delighted to bring the Select Committee on Children, Youth, and Families to the Bay Area. This hearing marks the third in our bipartisan national review of child care services.

In the course of our investigation, we have learned of a massive unmet need for quality child care in America. This shortage affects families, working women, employment and productivity, and most especially, millions of children who are without adequate supervision and care.

In the Bay Area alone, 50,000 more children will need day care next year. Even this moment, there are over 3,000 children on waiting lists for school-sponsored care in San Francisco alone. That situation is illustrative of the entire country.

Millions of American families find themselves in a nearly constant search for safe, affordable child care. This demand for quality child care is certain to grow as more women enter the workforce during this decade.

If families, including the growing number of single-parent families, are to be economically independent, we need more and better child care arrangements. This is a fact of life.

We have embarked on this nationwide fact-finding tour to identify creative public and private sector solutions which will help us develop recommendations for Congress to implement more comprehensive child care policies.

California has a history of leading the way. When federal money ran out after World War II, the State continued to fund child care for low-income families. When it became clear a few years ago that Title XX funding would be reduced, the State again stepped in to ensure that child care services would not be cut back.

California recognizes that parents need choices and has begun to provide them. We will hear about two examples today: the Alternative Payment Program, which allows eligible parents to choose the form of child care most suitable for them; and the statewide network of Resource and Referral agencies, which helps educate parents to be more effective consumers of child care services.

The private sector, because of obvious changes in the workforce, has also begun to respond. In my own county of Contra Costa, public/private partnerships have successfully led to the creation of employer-supported child care centers, and the involvement of developers in planning for the child care needs of tenants.

Even in California, too many children remain without adequate care. Too many families are still forced to give up earning opportunities because they cannot find safe, affordable care for their children.

Yet even when the need for care, and the interest in providing it, is great, parents and child care providers often find themselves frustrated in their attempts to provide care for children. We will learn today about some of these barriers, as well as ways parents have overcome those difficulties. In addition, we will hear from families with disabled children who have special difficulty finding child care. We will learn about the underfunding of regional centers which has caused families to lose much needed respite and child care. We will have described for us the large numbers of school-age children who are left home alone after school. As the closing of Walnut Creek's Shadelands Center demonstrated, there are significant barriers to employer-supported care, sometimes as seemingly simple as finding the right space.

Of particular concern, of course, are the reports of child abuse in some centers and homes. Today, we will hear about the concerns of parents and providers, and recommendations on how to minimize the chances of abuse occurring. We also will learn about the role child care can play in preventing abuse, and the importance of respite care for families in crisis, where abuse is so common.

We are asking Californians again to lead the way. This time we are seeking your guidance as we fashion child care policies to meet the needs of families. That need will not disappear, indeed, it is growing. The only question is the extent of our commitment to today's families and those of tomorrow.

I would like to introduce my two colleagues, colleagues in every way: Congresswoman Boxer is my colleague on the select committee, and Congresswoman Burton is my colleague on the Education and Labor Committee and the Interior Committee, and since I understand that this hospital sits on the—the best we can tell is it sits in Sala's district. Sala, I would like to introduce you for any remarks that you might like to make.

STATEMENT OF HON. SALA BURTON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mrs. BURTON. I am very pleased to be here.

As you know, my husband represented this city for over 19 years, and close to 8 years in the State legislature. Education and child care was one of his primary pursuits, and I am continuing in the same vein.

As a matter of fact, we just passed the latchkey bill, a bill of mine in the House of Representatives. [Applause.]

It has been reported from the Senate committees, and it should be on the Senate Calendar very shortly.

However, we do have problems with OMB, the Office of Management and Budget over funding. This bill authorizes $30 million for the next 3 years to do something creative for latchkey children. Letters to the Senators would help, particularly to Senator Wilson. That is all I am going to say right now, because I have to leave at 1 o'clock, and I want to hear you.

I thank you for being here, and I want to thank the chairman for having this hearing here in San Francisco; and, as you know, we will continue to work and help in child care in any way we can. Thank you.

Chairman MILLER. Congresswoman Boxer.

STATEMENT OF HON. BARBARA BOXER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mrs. BOXER. Yes, just briefly.

I really want to pay tribute to my chairman of the Select Committee on Children, Youth, and Families. I don't know how many of you are aware that it was his leadership that got this committee created, and it is the only committee in the Congress that really looks directly at the condition of children, youth, and families; and without Congressman Miller, it just wouldn't be happening; and I am just proud to be on this committee. [Applause.]

Let me just say that my own experience with child care came about 8 years ago when my daughter was about 8 years old, and I was starting to get into the work force. We wanted to have a program for these latchkey children in Marin County. And we had the facility. We went to the administrator of the school district, and we were going to have a pay-as-you-go type of system.

Do you know what he said to us? He said, well, you women don't have to work. And he opposed us every inch of the way, and we finally did get our center. It is running now. It is the Kentfield After-School Center; it has been running now for 8 years.

So, the fact is when the need is so overwhelming, as the need is for child care; it will move forward, and the purpose of these hearings, as the chairman explained, is to see where we are right now; what we have to do, and I think your participation is essential. The children of America are our future, and we need to get them off to a sound and good start, and that is what these hearings are all about.

Thank you again, Mr. Chairman.

Chairman MILLER. Thank you.

I want to begin by thanking the university and the hospital that has been terribly helpful to us in arranging these hearings, including a false start several weeks ago when we thought we would have the hearings, but the House of Representatives determined otherwise, and we had to stay in Washington; to the chancellor for all the help and to Vida Labrie from the public affairs office who has just gone that extra mile in everything that we have asked be done.

We are going to begin by hearing first from Julius Krevans, who is the chancellor at the university here, and if you want to come forth, Mr. Chancellor, and we will start with your testimony, and then he is going to have to leave, and then we will hear from the remainder of that panel, if that is all right with everybody.

Your printed statement will be placed in the record in its entirety, and you will proceed, Mr. Chancellor, in the way in which you are most comfortable.

STATEMENT OF JULIUS R. KREVANS, M.D., CHANCELLOR, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Dr. KREVANS. Thank you very much.

I would like to welcome not only Congresswoman Burton, Congresswoman Boxer, and Congressman Miller, but those of you who have come to participate in these hearings. I am not going to read my submitted statement. That will appear in the record.

I would like to say just very briefly that child care is something we are learning about, at least I'm learning about it. I am a physician, and although I wish I were a pediatrician for this audience; I'm not. I am an internist.

Child care, to a physician, to a nurse, to other health professionals, rings a bell of taking care of the sick, and yet it is obviously a much bigger problem than that.

By happenstance, the work on this campus has led to an absolutely extraordinary improvement in the care of infants. The whole field of neonatal intensive care that we know about today largely sprung from research, and then the clinical introduction of methods of intervention, so that every year in the United States alone now, somewhere between 25,000 and 30,000 babies live who used to die.

Now, that's very dramatic child care. Yet, that is not what this hearing is about. This hearing is about helping young children in settings where if care during the day can't be provided, then a variety of social ills could possibly occur. The committee had an opportunity to visit our own Child Care Study Center, which was started on this campus with the full recognition that it was not entirely addressing the problem; it will only take some 50 children. There is a waiting list of at least 100 families that would like to participate. However, the campus felt that it was important to make a beginning, and it also recognized that on this campus, given the kinds of population we wanted to serve, it would need external support as well as internal support. It has succeeded because there is a dedicated, highly professional staff, and there are a dedicated group of friends, some of whom are in the audience today, who have given both moral and financial support to that effort. So the work of your

committee, looking at this problem of how children of families who need help during the day to remain healthy and normal, is not outside of the function of a university that holds itself forward as being interested in helping human beings because that is the mission of the University of California in San Francisco.

I thank you and your committee, Congressman Miller, and the audience and participants who come to help you with your work, and I wish you all the best.

Chairman MILLER. Well, thank you. And as you mentioned, we did have an opportunity, all three of us to go across the street and to visit with the staff, with the children at the child care center, and as soon as we get the sand out of our shoes we will get on with this hearing.

I think that the university is to be commended for this effort. I know from time to time that institutions get involved with child care, not always at their own volition, and then they find out the difficulties of running one of these centers. I think that the fact that the university has stuck with this, and provided real support, is a positive signal to your colleagues at other teaching facilities and other hospitals, that this is a service that should be part of the entire operation if you are going to have a successful institution.

We are proud of you and we are also hopeful that your example will serve other institutions as they get into child care.

[Prepared statement of Julius R. Krevans, M.D., follows:]

PREPARED STATEMENT BY JULIUS R. KREVANS, M.D., CHANCELLOR UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

I am pleased to welcome you to the University of California, San Francisco, and honored that you have chosen our campus as the site for your field hearing.

As you saw on your tour this morning, our Child Care/Study Center, which opened in 1979, cares for 48 children of staff, students, faculty and community families. Our program is developmental with emphasis on the process of self-discovery and growth for 2-to-5 year olds. A core of four teachers forms the nucleus of the 15-member staff, which includes older adults ("foster grandparents"), work-study students and student volunteers. The center's director, Meryl Glass, holds a clinical appointment in the School of Nursing's Department of Family Health Care Nursing, whose members provide consultation and program overview. The center welcomes family members who work on campus to drop in and participate with the children.

With 50% of women who have children under the age of six joining the work force and with a steady increase in the number of families with both parents working, child care is clearly a crucial issue. UCSF's decision to provide a work-site center was the result of pressing need. Almost 15 years ago, when planning began for our Child Care/Study Center, there were two major obstacles to overcome; space and money. These have both been only partially resolved. The number of children in our program is, of course, determined by the size of our facility. If you are familiar with our campus, you know we are a densely populated, health sciences institution with little to no possibility of expansion on this site.

Our second obstacle is also related to the fact that we are a graduate health sciences institution. As such, our students are not considered "income eligible" and, therefore, we do not qualify for State or Federal subsidies for child care. Therefore, our center must cover expenses with parent fees and private fund raising. Our first four years of operation resulted in an accumulated operating deficit of almost $200,000. We began a major fund-raising campaign last year to retire this debt and are very close to reaching our goal. However, this too, is only a partial solution.

With anticipated salary increases (which are determined by the State budget allocations) salary expenses in the center will increase by over 10% for 1984-85. If these expenses are passed on to parents, the cost becomes prohibitive to many, especially single parents. Therefore, we continue to search for alternative funding sources. One of our most important current sources is the Friends of the Child Care/Study Center, a group of dedicated supporters who raise funds each year to offset the dif-

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ference between parent fees and the actual cost of providing child care. However, with ever-increasing operating costs, we must identify more permanent sources of funding to place our center on a sound financial footing.

With a total campus population of over 10,000 staff, faculty and students, our center cannot begin to meet the needs of our own families for child care services as evidenced by the fact that we have over 100 families on the active waiting list. Recognizing this, and in spite of the fact that there would be financial problems, UCSF committed itself to establishing our Child Care/Study Center because we felt there were two other unique opportunities that even a small program in our setting could provide.

(1) Through non-obtrusive observation, the center provides a clinical setting for health sciences educators and students to observe well children and to initiate programs which result in improved care and information. Children and parents have taken part in studies and projects resulting in improved dental care, poison control and nutrition and diet programs, among others.

(2) As a model work-site center, we can and do serve the greater community through consulting and information sharing.

National studies which are now correlating less absenteeism and job turnover among women with the availability of work-site child care certainly support our decision to establish a model work-site center. With the challenge of resolving our space and financial problems facing us, we share a strong interest in the issues of cost and quality that you are addressing today. We would be very pleased to provide any additional information you may request about our program and to cooperate in any other way we can.

Thank you.

Chairman MILLER. Congresswoman Boxer.

Mrs. BOXER. No.

Dr. KREVANS. I just want to make sure that the record is clear that nobody interprets Congressman Miller's remarks that we are stuck with it. [Laughter.]

What I said is that "We have stuck with it." [Laughter.]

Chairman MILLER. That's right. We just want to make sure that you do. [Laughter—applause.]

It's an interesting experience, though, isn't it? Starting one of these? [Laughter.]

Mrs. BOXER. Keep going.

Chairman MILLER. Thank you very much, Chancellor.

Next we will hear from Eyana Spencer-Perry.

Eyana, please come up and take the seat. You can sit right over here next to Diane Lipton, who will be accompanied by Mary Lou Breslin, who is the Deputy Director of the Disability Rights Education and Defense Fund in Berkeley. Diane is a parent from Richmond.

Is Ariel Bryant in the room?

He is not here right now. Why don't we begin with you, Eyana. It is very informal as you can see, so just relax and proceed however you are most comfortable.

STATEMENT OF EYANA SPENCER-PERRY, AGE 9, OAKLAND, CA

Ms. SPENCER-PERRY. Congressman Miller and members of the House Select Committee on Children, Youth and Families, hello.

My name is Eyana Spencer-Perry and I am almost 10 years old. I have been in different kinds of child care since I was a baby.

The last child care that I went to was called the Fun House. It was up the street from me. I went there for 4 years. I think that it was a very fun place. There were seven other children. But child care became expensive and my mom works right across the street

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from my house. So we, me and my mom, decided that I was going to be a latchkey kid.

Now, that I am going on ten, I am still a latchkey kid. I have made two lists, one the good things about being in child care, and two, the bad things about being a latchkey kid.

The good things about being in child care.

I do not have any girls in my block and I could play with the girls at my child care. I miss that.

I had a lot of fun and we went to a lot of different places, like the library and neighborhood walks. I cannot go to places like that by myself.

If I got in trouble at school, I could talk to Vera, my child care provider, when I got to child care. Now, I have to wait until my mommy gets home. At child care we would have magic circles and talk about things that were happening at school, at child care and in the world. I miss those talks.

Vera has a big tree in her front yard, and I miss playing in that tree.

The bad things about being a latchkey kid.

Some things scare me when I am alone, like the wind, the door creaking and the sky getting dark fast. This may not seem scary to you but it is to young people who are alone. I miss playing with the kids at my child care. It is hard not to eat cookies and other things around the house and it is also hard not to watch TV.

When it was hot at my child care, we would play at the—in the water, and now when it is hot, I do not have anybody to play with and I get bored fast. I think that we should have more child care for all children, so that parents have more choices.

Thank you.

[Prepared statement of Eyana Spencer-Perry follows:]

PREPARED STATEMENT OF EYANA SPENCER-PERRY, AGE 9, OAKLAND, CA

Congressman Miller and members of the House Select Committee on Children, Youth and Families. Hello. My name is Eyana Spencer-Perry and I am almost 10 years old. I have been in different kinds of child care since I was a baby. The last child care I went to was called the FUN HOUSE. It is up the street from me. I went there for four years. I think it was a fun place. There were seven other children. But child care became expensive and my mom works right across the street from my house so we (me and my mom) decided I was going to be a latchkey kid.

Now nine going on ten, I'm still a latchkey kid. I have made two lists: one, the good things about being in child care and, two, the bad things about being a latchkey kid.

GOOD THINGS ABOUT BEING IN CHILD CARE

I don't have any girls on my block and I could play with girls in child care. I miss that.

I had a lot of fun and we went to a lot of different places like the library, and neighborhood walks. I can't go to places like that by myself.

If I got in trouble at school I could talk to Vera when I got to child care. Now I have to wait until my Mommy gets home. At child care we would have magic circles and talk about things that were happening at school, at child care and in the world. I miss those talks.

Vera has a big tree in her front yard. I miss playing in the tree.

THE BAD THINGS ABOUT BEING A LATCHKEY KID

Some things scare me when I'm alone like the wind, the door creaking, and the sky getting dark fast. This may not seem scarey to you but it is to young people who are alone.

I miss playing with the kids at my child care.

It is hard not to eat the cookies and other things around the house and it's hard not to watch T.V.

When it is hot at my child care we would all play in the water; now when it is hot I don't have anybody to play with and then I get bored fast.

I think that we need more child care for all children so parents have more choices.

Chairman MILLER. Thank you. [Applause.]

Eyana, sit down, we are not done with you yet. [Laughter.]

You don't get away that cheap with this committee.

Next, we are going to hear from the witnesses next to you, and then we are going to ask questions, OK? So, do you mind sitting there for a little while? OK.

Diane.

STATEMENT OF DIANE LIPTON, PARENT, RICHMOND, CA

Ms. LIPTON. I just want to follow what the Chancellor said earlier that the changes in the technology prolonging or being able to sustain the life of mostly premature infants, and I have just an infant, and these infants grow up and they need child care, and they need education, and they basically need everything every other child needs, so I am here to discuss that.

I am a parent of a severely disabled 12-year-old child. I am glad to have this opportunity to bring to your attention some of the child care issues unique to disabled children and their families.

It is time for families to speak out, to open up a private world and address the stresses on families with disabled children, and to enable the public to recognize the needs of our children and the public responsibility.

In the past 10 or 20 years, attendance of disabled children, particularly severely disabled children in public schools, has had a dramatic effect on normalizing family life.

Parents have some relief from the 24-hour care of their children, and share the hope that their children's education will prepare them for some degree of independence when they reach adulthood.

But for families with a disabled child, school is where the assumption of public responsibility begins and ends.

Our children's legal right to participate in other community programs and services is precarious at best. The exercise of these rights is difficult. Most programs and services, including child care remain inaccessible. Consequently, with the exception of children with mild and usually invisible disabilities, participation in community programs, such as recreation or day care programs, is not available.

In rare instances, communities provide after-school programs for disabled children, usually isolated and segregated from the rest of the community. Provision of in-home support services to help families with the day-to-day care of their disabled child is nonexistent except for an insignificantly small number of families.

The last 10 or 20 years have also seen the development of the concepts of normalization and deinstitutionalization. We would all agree that these are laudable goals, but, as a parent, I cannot help but feel some cynicism when I hear such terms thrown about.

If we were really serious and committed to these goals, we would be developing a national plan to provide support to families to

assist them in maintaining their children at home. Until now, effective family functioning has been almost totally ignored, and yet the family is expected to be the basis for the child's motivation to grow and develop and move out in the community.

As long as the home care of disabled children is regarded as a family responsibility alone, disabled children will continue to be institutionalized at a very high financial cost to the public, and at an even higher cost of loss of human potential.

Children who live at home will continue to experience isolation, total dependence on one or two family members and lack the motivation or vision for future independence.

For the family assuming all of the child's care, the stress is never ending. The struggle to seek out and pay for adequate child care for a disabled child over at least a 20-year period puts families in a state of perpetual crisis.

I would like—to illustrate, I would like to tell you just very briefly a little about my own child.

At 12 years old, my daughter Chloe is unable to stand or walk or transfer in or out of her wheelchair independently. She uses a motorized wheelchair. She requires total assistance with her personal care, such as dressing, toileting, and bathing. She has to be lifted in and out of her chair many times a day—she weighs 80 pounds now—to use the bathroom, to lie down and rest, for exercising, and so forth.

She has limited use of her hands, and has difficulty manipulating objects, or playing, or working independently. She is unable to prepare a simple meal for herself, even open the refrigerator and pour a glass of milk.

She is unable to go out of our home herself, to visit a friend or a neighbor. Because of cognitive impairments, her judgment of danger and ability to problem solve is poor.

She cannot be left alone in the house while I run to the store. She cannot easily be left with a neighbor or friend unless their homes are wheelchair accessible, and they are able to handle her physical needs. Her needs for assistance and supervision are far beyond those of a nondisabled child her age.

At home, our family is expected to carry through with her school program, her occupational and physical therapy program, and provide friendship and companionship that is otherwise minimal. The demands of such parenting are enormous. It is no wonder that so many children are placed by their parents in foster homes, boarding care facilities or State hospitals.

Ironically, the State will pay for such placements, but see no need to provide services to maintain the child at home. To try to work and maintain a normal family life for Chloe, her sister, and for us, her parents, without daily assistance with her care is nearly impossible.

The costs of child care for a disabled child are two to three times the cost for a nondisabled child. Moreover, nondisabled children require less child care as they reach their teens. For families such as ours the difficulties of obtaining adequate and affordable child care increase as our child gets older.

My family is relatively fortunate because we have had the resources, personal and legal, to obtain State-supported child care

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services in our home. But every year we are told the money is running out and to expect cuts or elimination of the services. Every year my family is thrown into a crisis trying to make alternative arrangements.

This year the crisis was particularly acute, and we had to go through a formal administrative hearing to retain our services. We won a temporary reprieve, as I was able to demonstrate the requisite amount of suffering and hardship.

As parents, we are looking to the Congress to provide leadership in resolving this child care problem. It is time to recognize that normalization and deinstitutionalization will never occur until we are committed to providing support to families, support both in the home, as well as out-of-home day care.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Diane Lipton follows:]

PREPARED STATEMENT OF DIANE LIPTON, PARENT, RICHMOND, CA

I am a parent of a severely disabled twelve year old child. I am glad to have this opportunity to bring to your attention some of the child care issues unique to disabled children and their families. Resolution of these issues will be complex. But it is time for families to speak out, to open up a private world and address the stresses on families with disabled children and to enable the public to recognize the needs of our children and the public responsibility.

In the last ten or twenty years, the activism of disabled people themselves has brought about many changes in attitudes toward disabled children and adults. These changes are reflected in court decisions and Federal and state legislation, most notably, Section 504 of the Rehabilitation Act of 1973 and PL 94-142, The Education for All Handicapped Children Act. Our children are now assured their right to appropriate programs in the least restrictive environment in public schools. Attendance of disabled children, particularly severely disabled children, in public schools has had a dramatic effect on normalizing family life. Parents have some relief from the twenty-four hour care of their children and share the hope that their children's education will prepare them for some degree of independence when they reach adulthood. But for families with a disabled child, school is where the assumption of public responsibility begins and ends.

Our children's right to participate in other community programs and services is precarious at best. The exercise of these rights is difficult; most programs and services, including child care remain inaccessible because of physical and attitudinal barriers. Consequently, with the exception of children with mild and usually invisible disabilities, participation in community programs such as recreation or child care programs, is not available. In rare instances, communities provide after school programs for disabled children, usually isolated and segregated from the rest of the community. Provision of in-home support services to help families with the day to day care of their disabled child is non-existent except for an insignificantly small number of families.

The last ten or twenty years have also seen the development of the concepts of "normalization" and "deinstitutionalization". We would all agree that these are laudable goals. But as a parent I cannot help but feel some cynicism when I hear such terms thrown about. It looks and sounds like lip service only. If we were really serious and committed to these goals we would be developing a national plan to provide support to families to assist them in maintaining their children at home. Until now effective family functioning has been almost totally ignored and yet the family is expected to be the basis for the child's motivation to grow and develop and move out in the community. As long as the home care of disabled children is regarded as a family responsibility alone disabled children will continue to be institutionalized at a very high financial cost to the public and at an even higher cost of loss of human potential. Children who live at home will continue to experience very great isolation, total dependence on one or two family members and lack the motivation or vision of future independence.

For the family assuming all of the child's care, the stress is never-ending. The struggle to seek out and pay for adequate child care for a disabled child over at

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least a twenty year period puts families in a state of perpetual crisis. To illustrate my point I would like to tell you briefly about my daughter. While I'm sure she has more severe physical disabilities than many of the millions of handicapped children in the United States, her needs for physical care, supervision, instruction and socialization are not substantially different from the needs of many, many others. When you consider that by some estimates at least ten percent of all children in the U.S. have some disability and perhaps one percent have severe or multiple disabilities, we are talking about a very substantial number of American children and family members.

At twelve years old, my daughter Chloe is unable to stand or walk or transfer in or out of her wheelchair independently. She uses a motorized wheelchair for mobility. She requires total assistance with her personal care such as dressing, toileting, and bathing. She has to be lifted in and out of her chair many times a day (she weights eighty pounds) to use the bathroom, to lie down and rest, for exercising and so forth. Chloe has limited use of her hands and has difficulty manipulating objects or playing or working independently. She is unable to prepare a simple meal for herself or even open the refrigerator and pour a glass of milk. Chloe is also unable to go out of our home herself to visit a friend or neighbor. Because of cognitive impairment her judgment of danger and ability to problem solve is poor. She cannot be left alone in the house while I run to the store. She cannot be easily left with a neighbor or friend unless their homes are wheelchair accessible and they are able to handle her physical needs. Her needs for assistance and supervision are far beyond those of a non-disabled child her age.

So in addition to attending to all of Chloe's physical needs her social needs fall on her family as well. Arranging social contact outside of the family requires planning, transportation, and sometimes complicated arrangements. At home, our family is expected to carry through with her school program, her occupational and physical therapy programs, and provide friendship and companionship that is otherwise minimal. The demands of such parenting are enormous. It is no wonder that so many children are placed by their parents in foster homes, board and care facilities or state hospitals. Ironically, the state will pay for such placements but see no need to provide services to maintain the child at home. To try to work and maintain a normal family life for Chloe, her sister and her parents without daily assistance with her care is nearly impossible. The costs of child care for a disabled child are two to three times the costs for a non-disabled child. And non-disabled children require less child care as they reach their teens. For families such as ours the difficulties of obtaining adequate and affordable child care increase as our child gets older.

My family, however, is fortunate because we have had the resources, personal and legal to obtain state supported child care services in our home. Every year we are told the money is running out and to expect cuts or elimination of the services. Every year my family is thrown into a crisis trying to make alternative arrangements. This year the crisis was particularly acute and we had to go through an administrative hearing to retain our services.

The child care services my family has been receiving have been provided under a California program. In 1976 the California legislature passed a law, The Lanterman Developmental Disabilities Act which set up a model program in which families with developmentally disabled children could receive child care services in the home administered locally by Regional Centers. The purpose of this program was to provide services to maintain children in the least restrictive environment and to assist in the development of independent living skills. I say that families "could" receive these services because the law fell short of explicitly making the services an entitlement. Depending on a number of arbitrary factors, like the local policies of the Regional Centers or parents' knowledge of services that could be provided and their advocacy skills, families such as mine are able to receive about three to five hours per day of child care in the home paid for by the state. While the cost for such services (this level of service is provided only where the child's disability is severe and the family is otherwise on the brink of collapse) runs between $6000 to $8000 per year. The cost to the state for placing my child in a state hospital would be about $40,000 per year.

Most recently, because of state level budgetary decisions, the small number of families receiving child care services had their services reduced to a maximum of fourteen hours per month. I appealed this decision as it effected my family and won. I was able to demonstrate the requisite amount of suffering and hardship.

Very few families in California now receive any significant child care assistance. What may have been known as a model program in California is no longer the case. The short-sighted budgetary axe has fallen. For the most part we are back to square one.

So what do parents commonly do who have disabled children who require specialized care? In some families, one parent foregoes work outside the home, even when financially necessary, to take care of the child. Where the family is headed by a single parent the family may receive welfare or other public benefits because it is too costly for the parent to work and pay for child care. It is important to understand that these accommodations on the part of the family are not just made for a few years until the child is school age or able to manage alone after school. We are talking about children who may never be able to be left alone. Parents may not be able to work outside the home, go on a vacation without their children, pursue other interests and provide proper attention to their non-disabled children until the disabled child reaches age eighteen or twenty-one. At that time the child may be eligible for social security or attendant care. The costs financially to the public in terms of welfare benefits for non-working parents and to the family from the loss of income and the drain of physical and emotional resources is great. To the child it means intense dependence on the parent and an inability to separate and to develop independently of the family. Where both or single parents work outside the home it is an endless struggle to find trained child care providers and to pay for these services. You cannot pay the usual babysitter rate for someone to take care of a ten or thirteen or eighteen year old disabled person.

Publicly funded day care or child care facilities are also unavailable to families with disabled children, in fact, I know of none in the Bay Area which will accept moderately or severely disabled children. They claim that they do not have and cannot afford adequate staff and state and federal government provide no financial incentives to these centers to include disabled children.

To remedy this child care crisis, two different but compatible approaches are needed. One is a Federal program granting an entitlement of publicly funded services for in-home support services. These services would include child care, "babysitting", and attendant care. The California Lanterman Act model of services which bases services on the individual needs of the child and family is in the right direction. But again, it does not provide an "entitlement" to these services. Consequently policy changes occur frequently, reductions in services are commonplace and are now the trend and there is no legislative monitoring of these changes. A Federal Plan could provide funding and incentives to the states to maintain entitlements and disincentives for institutionalization. Secondly, Federal incentive grants could be provided to develop out-of-home child care centers which would serve both disabled and non-disabled children or include disabled children in existing programs. These two approaches would provide options which are now totally lacking.

As parents, we are looking to the Congress to provide leadership in resolving this child care problem. It is time to recognize that "normalization" and "deinstitutionalization" will never occur until we are committed to providing support to families. Provision of adequate child care should be a national priority for disabled and non-disabled children. It is the only way we will be able to maintain the family structure and promote the growth and development of our children.

Chairman MILLER. Mary Lou.

STATEMENT OF MARY LOU BRESLIN, DEPUTY DIRECTOR, DISABILITY RIGHTS EDUCATION & DEFENSE FUND, INC. [DREDF], BERKELEY, CA

Ms. BRESLIN. Well, I think Diane is a hard person to follow, in terms of this issue, but I hope I have just a few thoughts to offer to clarify the picture of child care of disabled students, disabled children in California, and I would like to thank Mr. Miller and members of the committee for this opportunity to raise this issue before you today.

Our society in its wisdom recognized in the 1970's that disabled kids belong at home with their families not in State institutions. Federal and State laws were enacted to provide community-based services to ward off unnecessary institutionalization and to promote independence and self-reliance for disabled people.

However, in 1984, nearly 10 years after the enactment of landmark legislative reforms, parents and families are still bearing the

unrelieved responsibility of full-time 24-hour-a-day care and supervision of their severely disabled kids.

The promise of adequate child care, respite, and in-home support services has not been met. In California, a State thought to be a leader in progressive and innovative reforms presents an unimpressive report card when it comes to the integration of disabled children in the community-based child-care programs.

Our track record is equally unimpressive in the provision of urgent respite services to relieve parents from full-time care and supervision.

If you aren't disabled or the parent of a disabled child, you really can't know how the lack of these essential services can cause acute family stress and deterioration, and can lead to costly out-of-home placements, because one or two individuals simply can't go it alone.

If I may, I would like to take just a minute to discuss some of the numbers with you.

Although incomplete, I think they can be the basis for development or a coherent policy in this area. According to a report which was prepared in 1983 by the California Advisory Committee on Child Development Programs, over 325,000 students between kindergarten and 12th grade receive special-education services. They comprise nearly 8 percent of the State's kindergarten through 12 enrollment.

Almost 19,000 children under the age of 5 receive special-education services. Almost 19,000 regional center clients are of school age, and almost 7,000 are under the age of 5, alone.

While 8 percent of the kindergarten through 12 student population receive special-education services, only 4 percent of the children who receive subsidized child care services in the State are identified as disabled.

While 8 percent of the kindergarten through 12 are all right, further 1.4 percent of the kindergarten through 12 population are severely disabled, but only 0.4 percent of the children in subsidized child care are disabled. As a matter of policy, licensing regulations act to restrict the amount of child care available to disabled kids. Designed to protect the disabled child's health and well-being, the regulations often close the door to services.

Further, inaccessible child care locations, untrained workers, or a widespread societal belief that disabled children should not be with nondisabled children for their own good, and an often distorted view of disabled people continue to create the exclusion of disabled children from subsidized child care.

In estimating parents' needs, we must look at unemployment figures. Women are still the traditional caretakers of disabled children. Currently, more than half of California's women are in the work force.

If the mothers of very young, disabled children are to have equal access to employment when child care spaces are assigned—then child care spaces must increase.

By extrapolation, disabled children will need up to 55,000 child care spaces; 10,000 of these will be needed for severely disabled, very young children.

We have a very long way to go.

If parents of disabled school-age children, aged 4 through 14, work out of the home in the same proportion as parents of nondisabled children, then up to 130,000 school-age disabled children in California alone would need care and supervision for part of the day.

Further, nearly 25,000 of them would be severely disabled. Also, if we assume that severely disabled teenagers, such as Diane and—such as Chloe, Diane's daughter, require care up to the age of 21, then an additional 18,000 severely disabled older adolescents would have working parents, and would need continuing child care.

Ranking equally with child care is the need for respite services. Parents must have relief from constant care of their disabled child to avoid burnout. Respite services have not been seen by California officials as a high-priority service. Respite is the first to be eliminated or cut back when there is a budget crisis. Recent cutbacks have thrown families into crisis, caused single parents to leave jobs, seek divorces, and more inevitably lead to institutionalization of their disabled family member.

For anyone who thinks these services do not make the difference between family stability and family breakup, I submit that you don't know a severely disabled child.

Although the figures are persuasive and accounting of the day-to-day struggles of parents and families with disabled children is the real story, in closing I urge all of you, as members of this committee, to work to establish a coherent policy, an urgently needed policy for day care and respite services, which includes rather than excludes disabled kids.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Mary Lou Breslin follows:]

PREPARED STATEMENT OF MARY LOU BRESLIN, DEPUTY DIRECTOR, DISABILITY RIGHTS EDUCATION AND DEFENSE FUND, INC. [DREDF]

Mr. Chairman and members of the committee, thank you for this opportunity to bring to your attention the largely unrecognized problems faced by California parents and families with severely disabled children in maintaining their children at home.

DREDF is a national, non-profit law corporation run by and for disabled people and parents of disabled children with offices in Washington, DC and Berkeley, California. Begun in 1979, DREDF carries out its mission through programs in training, technical assistance, advocacy, policy development and monitoring, and legal representation and referral. DREDF works to protect and further civil rights of disabled children and adults in the United States. Our goal is to enable all disabled people to become integrated into community life and to live with dignity and respect.

BACKGROUND

It is generally estimated, according to House Report #95-1188 prepared in association with the federal Developmental Disabilities Assistance and Bill of Rights Act of 1975, that "there are between 25 and 35 million chronically disabled persons in the United States. Approximately 10 million of these persons have a disability which first becomes manifest during the formative or developmental years of their lifetime, handicapping them to a greater or lesser degree throughout their life. Of these 10 million, it is estimated that at least 2 million, and perhaps as many as 5 million persons, . . . (have) a . . . (disability) so severe that it has a substantial effect on their ability to function independently throughout their lifetime. Among the disabling conditions which occur during the formative years are mental retardation, epilepsy, cerebral palsy, autism, dyslexia, and other neurological conditions." Of the current estimated 36 million disabled people in the United States, at least 9

million are children. Historically, children and adults with severe disabilities were segregated and isolated from the rest of society, prevented from attending school, and institutionalized in state hospitals or other out-of-home placements.

Recent legislative reforms have begun to provide the services necessary to allow many of these children to live with their families and go to school in their communities. P.L. 94-142, the Education for All Handicapped Children Act firmly established, among other broad based civil rights protections, the right of all disabled children, regardless of the severity or nature of the child's disability to an appropriate education at public expense. The Developmental Disabilities Bill of Rights Act establishes the right of developmentally disabled people to treatment and habilitation in the least restrictive environment. Similarly, Section 504 of the Rehabilitation Act of 1973 was enacted as the key national statement conferring constitutional protections on disabled children and adults. It was a statement that society would take the necessary steps to eliminate the stereotypes and prejudices, the historic patterns of segregation and discrimination, and extend the privileges of full and equal citizenship to disabled people. Many states followed the national model of reversing the effects of discrimination and isolation by enacting legislation which paralleled the federal anti-discrimination and services laws.

In 1975 the State of California enacted the Lanterman Developmental Disabilities Services Act. The California State legislature recognized that persons with severe developmental disabilities were unnecessarily confined to out of home institutions including state hospitals. The thrust of the act is to curtail costly institutionalization by developing community programs and by providing support services to both families and developmentally disabled persons, and to ensure disabled persons' right to treatment and habilitation in the least restrictive environment. Despite this mandate, services to parents and families with disabled children in the home have been sparse and a low priority.

Historically, most of the services and resources supporting developmentally disabled people have been used for out of home placement. The main options for parents seemed to be to keep their child at home with no support services or to place their child in a state hospital. In California, as implementation of the Lanterman Act proceeded, few in-home-supportive services were provided for families to make the choice of maintaining the child at home realistic.

The enactment of major federal and state legislative reforms which address the question of unnecessary and costly institutionalization and societal exclusion of severely disabled people, were built on certain legal and humane ideals. The actual implementation on the local level of services and programs which carry out the intent of the legislation is entirely another matter. In California, the State Department of Developmental Services is responsible for contracting with community-based and community-run non-profit "regional centers," for the provision of an array of services to developmentally disabled people and their families in accordance with the intent of the Lanterman Developmental Disabilities Services Act. Other states have different mechanisms for achieving service delivery. Technical and legal services and advocacy on behalf of disabled people in California is achieved through a network of state funded, locally run "area boards," and the statewide, federally subsidized "protection and advocacy" system which operates to represent the interests of developmentally disabled people throughout the state.

A RETREAT FROM THE COMMITMENT TO INTEGRATION

In 1983/84 the California budget for services to developmentally disabled people was $600 million. Approximately $350 million was spent for state hospitals which serve about 8,000 residents. Approximately $250 million was spent for the purchase of services for the remaining 62,000 developmentally disabled people residing in the community and for administration of the locally based regional centers. Services which are offered to community based developmentally disabled people and their families include respite and child care, skilled or practical nursing, vocational education, tutoring, behavior modification, independent living training, vocational training and work activity training.

According to a report released in 1983 by the California State Council on Developmental Disabilities, Select Committee on Family Support, of the approximately 70,000 developmentally disabled persons served in California, over 40% are children under the age of eighteen. Over 18% of this group have been placed out of their home in either a skilled nursing facility, intermediate care facility, group home or family care home. In 1983, cost estimates for care for children confined to state hospitals averaged about $38,000 per individual. Those children who lived in community care facilities other than their natural homes were estimated to cost about $2,500

per person per year as compared to families with disabled children in the household who received, on the average, only $237 worth of services annually, generally for respite, to assist them in keeping their disabled children at home. The same report conceded that in 1983, only about $5 million, or 8% of the total amount spent to care for children in placements other than their homes, was spent to assist families in keeping their children at home.

Further, according to the report, other states are well ahead of California in recognizing the need to provide support services to families with severely disabled children and family members. For example, Nebraska, Nevada, Florida and Michigan have well developed respite or family support systems in place. These systems encourage families to maintain their children at home by providing cash payments to families which enable them to purchase as needed, respite and other services.

The report concluded that the service system in California was not in keeping with the principles of community integration and service choice required by federal and state law.

WHO IS CHLOE L.

Chloe L. is twelve years old. She lives with her mother Diane, her infant sister Daria and her stepfather Jim. Diane is a student at a local University and Jim works as a counselor for a state agency in the San Francisco Bay Area. This family is average in many ways except Chloe is severely developmentally disabled.

Chloe is the surviving sibling of triplets. She has severe cerebral palsy, impaired speech, delayed development, scoliosis, and behavioral and learning disorders. She must be bathed, dressed, toileted and supervised at all times. Because of her delayed development, instructions and reinforcing communication must be repeated over and over. Daily physical therapy is necessary to prevent further disabilities. Chloe must be lifted an average of 30 times per day to accomplish her activities of daily living such as toileting and dressing.

Chloe is also a master of the popular children's game "Sorry", an ardent music enthusiast, with tastes ranging from Michael Jackson to jazz and an altogether charming and friendly child. Chloe is a cherished and respected member of her household. Chloe lives at home and goes to a neighborhood elementary school where she attends special classes. Chloe's family has received support services, primarily respite and child care, from the local regional center since 1979. These services, coupled with a hard won integrated educational placement have enabled Chloe and her family to function as a normal family unit. Chloe, as a result of the marriage of services and appropriate educational programming is an active, respected member of her school and her community. Chloe's experience is also unique. Her mother Diane has become a professional advocate and is very sophisticated in making the system work. But Diane must fight nearly every day to maintain the current level of services which are necessary to maintain family unity and stability and to give Chloe the chance she needs to live a productive and independent life.

IN-HOME SUPPORT SERVICES

Of the services which are available to families with severely disabled children at home, respite and child care are viewed as major factors in maintaining family stability and warding off institutionalization. In a Minnesota study, 34% of families receiving respite services cited maintaining family unity as a benefit provided by the program. In a New York study, it was learned that 75% of the primary caretakers of disabled children were female heads of households. The main difficulty in caring for a disabled family member at home related to the constant supervision required of the parent and their inability to get any relief, even for brief periods of time. Other formal studies, informal reports from parents, service providers, researchers and in-home support service providers concur that there is a significant decrease in family stress and tension when support services are available to the parent or family. One consequence of unrelieved stress and tension is the exhaustion of a person's psychological and physical resources, usually after long and intense caring. Lack of in-home support in the form of respite, child care and so forth can precipitate a family crisis brought on by stress and can result in the unwilling institutionalization of the disabled family member. Further, respite and child care experiences can help disabled children and adolescents make the necessary separation with parents and families, and can facilitate the gradual process of independent living.

Despite these telling statistics, in-home support services to families in California, especially respite and child care provided by trained and capable people, have been systematically reduced this past year. In an effort at cost-containment, the state legislature passed a bill in 1983, Assembly Bill 40X, which required that regional cen-

ters, under the regulatory direction of the California State Department of Developmental Services establish budget deficit controls for FY 1983/84. Regional centers throughout the state made cutbacks in services in order to come into compliance with the state directive. Although budget deficits are indeed a reality for some service centers, the costs for institutionalization of a small number of individuals, some of whom might well be able to live in community settings, was not challenged. Efforts were not initiated to closely examine the reason why state and federal dollars do not follow the developmentally disabled individual whether s/he is living in a state hospital, community placement or at home. Instead, hundreds of families throughout the state, over 500 in the San Francisco Bay Area alone, were notified that their respite and day care services were either being terminated or significantly cut. Chloe L. and her family received such a notice. Chloe and her family had been receiving a total of 136 hours of combined respite and child care hours per month from the regional center. The family was reduced to a total of 14 hours of services. Because Chloe's mother Diane cannot lift her daughter due to a back disorder, the full number of hours of assistance from an outside provider were crucial to maintaining Chloe at home. The respite/child care worker provided a variety of services to Chloe, including personal care after school, exercise and therapy, and recreation. Traditional child care programs uniformally refuse to accept children such as Chloe because they are usually wheelchair inaccessible and because their staff, they say, cannot meet Chloe's personal care needs. This prohibition on the use of community services available to nondisabled children for after school care further compounded the problems Chloe and her family faced when news of the cutback arrived.

Because Diane and her family were determined to fight the cutback, she requested an exception to the reduction from a social worker. The exception was denied. She appealed the denial and received an informal hearing at the regional center. That appeal was also denied. She then sought the assistance of DREDF in preparing for a state level administrative appeal. The state appeal, conducted before a fair hearing officer was her last hope. Diane won her appeal and her in-home support services were restored. But hundreds of other families were not so fortunate. In the Bay Area, over one half of the parents receiving in-home services did not request exceptions or pursue the appeal process. They were largely minority and low income families who were intimidated by the process, or did not fully understand it. It is hard to measure at this point which families will be faced with personal circumstances which will force them to investigate out-of-home placements for their children as they deteriorate in their ability to cope with 24 hour care needs.

However, one mother whom DREDF represented in a fair hearing, stated that she was near personal collapse and her marriage was in jeopardy because essential support services were withdrawn. Another single mother of two was faced with the necessity of quitting her recently acquired job as a dental assistant and going back on welfare if her services were withdrawn. We do not know the degree of hardship and stress faced by the parents and families who simply gave up without a fight.

The law which precipitated these statewide policies of reduction in services will "sunset" in July of 1984. However, the California State Department of Developmental Services has required that each contract which was negotiated with the regional centers throughout the state contain a provision requiring no cost overruns. On the local level, the policies developed to regulate the law are appearing in local service agency purchase of service policies. Further cutbacks are inevitable. This is true in spite of the overwhelming evidence that disabled people can be maintained at home at far less cost to the state if adequate services are available to parents and families. This tragic scenario takes a heavy toll on the disabled children as well. Their opportunity to become fullfledged members of their communities is threatened if they face removal from their natural homes.

CONCLUSION

During the 1970's a trend toward deinstitutionalization and humanization of disabled people emerged, federal and state leadership in reversing the effects of harmful, segregationist policies was manifested by the enactment of sweeping legislative and policy reforms. The late 1970's marked a period when federal, state and local policy makers, legislators, advocates, parents, and disabled people began implementing programs which carried forward the spirit and intent of the laws enacted by the United States Congress and state legislatures.

A marked retreat from this commitment now confronts disabled people and their parents and families in California. The following statistics compiled by the Berke-

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ley, California based Spectrum Center for Educational and Behavioral Development, are illustrative:

"During the period of time from July through December of 1983, the number of individuals admitted into State Hospitals actually exceeded the number placed into the community for the first time in at least five years. While state hospitals were averaging over 100 'net placements' (total placements minus total admissions) per six month period over the past few years, the State Hospitals actually admitted 17 more individuals than they placed into the community during this last recorded six month period of time."

"The total number of admissions to state hospitals has consistently increased over the past two years for each six month period of time. The 262 individuals admitted to State Hospitals during the period of July-December 1983 is the highest number of individuals admitted during any six month period since 1980."

"The total number of placements from State Hospitals into the community during the period from July-December 1983 (245) was the lowest number of placements during any six month period in over five years."

One cannot help but conclude that the impact of policies established by the present state and federal administrations have taken their toll on disabled people and their families. However, the architects of these short-sighted and harmful policies have neglected to take into account the fact that disabled people and their families exercise their rights to vote. Even residents of state institutions will cast their ballots this year for the candidates that have spoken out for their right to live full and meaningful lives in their communities.

Thank you.

Chairman MILLER. Diane, and Mary Lou, let me ask both of you a question. We just visited a somewhat traditional day care center, not in the sense that it is supported by an institution, but basically in the sense that what we saw there is what you would expect to see if you went to most child care centers.

You mentioned the problem of the severely disabled child, who starts to grow older and is now in his or her teens. What kind of centers are we talking about for them? I mean, what would be available if any, for the care of these children?

Ms. LIPTON. Yeah. Basically, there are no centers for—child care centers for severely disabled or any disabled child who needs supervision. They do not exist.

There are, as I mentioned—there are, in some communities, have some after-school recreation programs, but these are few and far between, and they—you know, in a population of 100,000, they may serve about 20 kids, so there are no centers——

Chairman MILLER. So, the main institutionalized respite care, or care would be educational. Is that what you mean? At this time?

Ms. LIPTON. That's right. That's all.

Chairman MILLER. Now, you mentioned that you had to make an appeal to keep your respite care.

Ms. LIPTON. Um-huh.

Chairman MILLER. Would you describe what happened there?

Ms. LIPTON. Well, California has a regional center system, if you know, if you are familiar with it. But, at any rate, the State contracts with local centers, regional centers to provide services to families with disabled children, and they recently cut back on all this. Mary Lou mentioned all the respite and child care services that the State was paying for because they told us that they considered this babysitting services that were the parents' responsibility.

So, we were getting daily help, 3 hours a day in the care of our child at home. The State cut it back to 14 hours a month. That comes out to a little more than 3 hours a week, and we went through a formal hearing, and we won.

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Our family, though, is among a tiny, tiny percentage of families.

Chairman MILLER. You won as an individual family.

Ms. LIPTON. We won as an individual family.

I would say that at least 95 percent of the families in California who have children with similar disabilities as my daughter's receive, maybe, 3 hours a week, child care.

Chairman MILLER. Eyana, what do your friends do after school?

Ms. SPENCER-PERRY. Most of them go to child care. Most of my friends—usually all of them go to child care, and a few of them go home. One of my friends, her father picks her up after school—he is a writer, so he just keeps her at home with him.

Chairman MILLER. When you go home, are you required to stay in the house?

Ms. SPENCER-PERRY. Yeah, well, my mom says that——

Chairman MILLER. Not what your mom says—[Laughter].

Wait a minute. You are about the tenth kid that I talked to that tells me what they are supposed to do and what they do are two different things.

What's the rule, first?

Ms. SPENCER-PERRY. My mom says that if I leave the house, I should call her, and I don't go that far. I am usually—I am supposed to stay on my block, and I do.

Chairman MILLER. We'll talk after the hearing. [Laughter.]

What about the other kids that you talked to, some of them—are they required to stay in the house, or stay in the——

Ms. SPENCER-PERRY. Oh, well, yes, most of them are supposed to stay around the area that they live in and are not supposed to go more than four blocks away from their house or something.

And, so—well one of my friends who lives right across the street from the park, so she can go over there and that kind of stuff.

Chairman MILLER. Congresswoman Boxer?

Mrs. BOXER. Yes; thank you.

Eyana, I wanted to follow up on this. Would you feel more comfortable; because you described some of the bad things about being alone at home, like the wind or the door creaking, the sky getting dark—to know that you are not alone; there are grownups that feel the same way.

But, would you feel more comfortable if you had a babysitter come over after school for a couple of hours?

How many hours are you alone, do you know?

Ms. SPENCER-PERRY. I'm home from 3 to 6.

Mrs. BOXER. Well, let's say if you had company from 3 to 4, or 4 to 5, would that help it if it was a good babysitter, or do you feel that you are too adult for that? Would you rather not have that?

Ms. SPENCER-PERRY. I would really rather have someone.

Mrs. BOXER. You would?

Ms. SPENCER-PERRY. Because even like one of my best friends, she comes over sometimes. Some comes over often, and I—even if we are both scared, it is still fun. It is a lot better to both be there.

Mrs. BOXER. One more thing about your school—what school do you go to?

Ms. SPENCER-PERRY. In Oakland.

Mrs. BOXER. Oakland. If they had a room at school, that they could sort of transform into a place where you could spend a couple of hours after school——

Ms. SPENCER-PERRY. They do. They do. They have a latchkey building there.

Mrs. BOXER. Oh.

Ms. SPENCER-PERRY. But I don't know why, I never thought of going there. I just don't like it, because——

Mrs. BOXER. You want to come home?

Ms. SPENCER-PERRY. Well, I want to come home, but I really—a little bit different people, because I know everybody there.

Mrs. BOXER. That's a good point. Well, you are getting older. You are getting to the point where you are getting older, and you want to be with people.

I have one more question for the other two witnesses, and I thank you all for your participation, because you have given me a lot of things to think about.

The whole issue of stress on a family is obviously of major importance, and the stress on families without disabled children in today's world is enormous enough. I can't even imagine it on a family that has such a severely disabled child, and I guess what it really comes down to is with this administration, that is supposed to be so profamily—you hear it constantly, profamily. As a matter of fact, in the President's mind, I really think that he would envision this as bringing a family closer together—you know, you hold together in a crisis, and therefore the family is going to take care of you; and I say this because I have followed our President's feelings about a lot of these issues, like when teens want to get birth control, they are supposed to go to their parents, and then their parents are going to say, "Well, honey, just wait until you get married," and they are going to say, "Mother, I love you, and I will wait." [Laughter.]

I mean that is the kind of thing that you get from this administration. It really isn't what reality is.

So, my question to you is this: Would you say unequivocally that we could take this back as a conclusion of these hearings; that having a disabled child and not having the resources for child care, or teen care, or even young adult care, is a definite cause of family stress, and ultimately family breakup? Would you be willing to go that far, both of you? And, I guess, particularly, Mary Lou, who I guess deals with a broad number of people.

Ms. BRESLIN. I would have to say that I am not really speaking as a parent of a disabled child, but I can't imagine that anyone who wouldn't agree that stress and ultimate breakup is an inevitability really doesn't understand the situation.

I will give you one quick example. Our organization represented parents in the Bay area who were experiencing either cutbacks or complete termination or cutbacks in services that Diane just described.

One family headed by a single parent, with two children, one of whom is severely disabled, both of whom are in their early teens, both of whom could conceivably be latchkey kids if they were not disabled.

This particular parent had very recently gone off the welfare roles, was working as a dental lab technician, the first time she had been self-supporting in her entire adult life, and she was faced with having to quit her job and go back on welfare the very least of which was a more costly solution to the taxpayers, very clearly her own self-esteem, her personal needs, her career ambitions and so on would have been curtailed had she not been able to win her State-level fair hearing against the agency, which was going to withdraw her services.

I think the penny-wise and pound-foolish approach is indescribably harmful to parents and families, and that is just one example. And, Diane's, of course, is another.

Mrs. BOXER. Diane, would you comment on that stress?

Ms. LIPTON. The stress is unbelievable, really. I think the statement that you made, or the question that you had is—it doesn't go far enough.

Most of the families—I know a lot of families with disabled children, and I don't think I know a single family who hasn't been in and out of counseling to deal with stress, when counseling has been affordable or available, which it usually isn't.

But it is really unbelievable to try to deal with what you have to deal with in raising a disabled child, and most of us view the administration's profamily position with a great deal of cynicism. A crisis may bring people together for one day, but not for 25 years. [Applause.]

Chairman MILLER. Sala.

Mrs. BURTON. I would like to ask Eyana something.

Although you said you were bored with going to a school facility or a school that you are in and stay after school, if there were children your own age there, would you like it?

Ms. SPENCER-PERRY. There are many children there my age, and in fact there are a lot of children that come from my class.

But, I mean—I don't want to be with the same kids all day, because it is boring.

Mrs. BURTON. Well, it is boring; however, it is better than being alone or being afraid of a storm or whatever. There are children that would like to be there.

I am going to ask you to do something. Take your testimony and send it to the President of the United States. Ask him to sign the Latch key bill.

Ms. SPENCER-PERRY. Good idea.

Mrs. BURTON. You know, the President is an actor by profession, and he uses these props. He might use your letter when he signs this bill, and mention your name.

So—I am being serious right now, I think it would be very helpful if you ask your mother whether you can send this letter off to the President of the United States. I am serious.

All right, will you do that?

Ms. SPENCER-PERRY. She'll probably let me.

Mrs. BURTON. I am very serious about that, because from time to time he reads children's statements for reasons that—well for reasons——

[Laughter.]

Mrs. BURTON. Sometimes right and sometimes wrong.

All right. Please do that. Thank you.

I have no further question of the other witnesses.

Chairman MILLER. If I just might intercede here with one additional comment. This is why we keep the witnesses to the 5-minute rule, so the members can go over. [Laughter.]

On page 5 of your testimony you discuss the cost of keeping children in out-of-home care whether it is institutionalized care or centers or what have you, as well as the amount of money that is provided to keep children in the family in terms of support services.

Would you please elaborate. One of the key concerns of this committee has been to look at Federal policy, and discourage expenditures of money that encourage families to come apart, as opposed to spending money to encourage families to stay together. One of our real big concerns is that perhaps the money we are spending now is not being spent in the most efficient manner, in terms of the interest of the family.

Ms. BRESLIN. Well let me just give you a quick example of some comparative costs in California.

In California, it can cost an average of $38,000 per year to institutionalize an individual in a State facility; the costs can be as high as 50-plus, depending on the particular individual's needs and abilities. That is a lot of money in relationship to, between $4 and $7 thousand a year for the kind of relatively high quality service that we have been able to maintain for certain parents. Seven thousand versus fifty thousand is a major difference, as far as I can tell.

That is just a quick comparison. Most families in California receive under a thousand dollars a year and for those who have made application and have been deemed eligible for any services in the area of child care, many receive nothing because their communities provide nothing through the regional center process, but nothing is available through subsidized child care.

What we are talking about is a different system of provision of services, which is in itself inadequate.

Chairman MILLER. But, in terms of a family being able to, let's say, go out and purchase respite care, to have somebody come in for 3 or 4 hours a day, or every other day, whatever the immediate needs of that family are, what would be the cost of the availability of that?

Ms. BRESLIN. It's—well, there——

Chairman MILLER. What is it, Diane?

Ms. BRESLIN. It's $7,000 a year, or an average— if you are receiving 110 or 120 hours per month in services, which in Diane's case comes down to 3 hours a day.

But you have to remember that in most communities in California, the concept of respite care is not available. Most—there are very, very few trained providers around the State. The Bay Area happens to be an exception to that rule.

The whole idea of respite exists in pockets in California, but basically not in every community, so families don't even have that as an option.

Chairman MILLER. To what extent does the lack of adequate options exist because we don't have a steady means of paying for respite care. If you wanted to be a provider of respite care, it is some-

what tenuous for you, I would assume in terms of what your income is going to be under current conditions.

Ms. BRESLIN. It is not for lack of individuals who are entrepreneurial to the extent that they would be going to go into the business of respite care. There's a distinct lack of incentives, a lack of constancy in being able to provide the service as a cash issue on the State, certainly on the State level.

Chairman MILLER. What kind of tradeoff do you see? Is it one to one? We spend $38,000 a year to keep the severely disabled child in an institution. You are not suggesting that each and every one of those children would necessarily be cared at home, even if you had this kind of care.

But, in terms of what I am trying to get at, in terms of the intensity of care that we purchased outside the home, the extent to which some of that care could be purchased inside the home, if we just recognized that these people aren't getting wealthy on whatever is provided for the care of these children?

Ms. BRESLIN. That's right.

Chairman MILLER. So, but it is not—we are not suggesting that it is a one-to-one tradeoff?

Ms. BRESLIN. I am not suggesting at all that it is a one-to-one tradeoff, but if you look at the amount of dollars on the State level that is spent for services to develop mentally disabled, and California recognized that over half is spent for institutionalization, for 8,000 people, and the remaining amount is spent for somewhere like in 16—somewhere in the neighborhood of 60,000 individuals are served relative to—with half the money that is spent, to serve 8 in State hospitals.

That doesn't make sense as a dollar comparison.

Chairman MILLER. I would hope that perhaps the other panels would also comment on this. One of our experiences in the foster care and adoption reform bill, was this incredible amount of money that we would pay to take a child out of the home, but we wouldn't pay half that much, or a quarter that much, to keep that family together, and let the child live with their own parents, where there wasn't obviously abuse and other things going on.

And we continue to look at these policies that almost provide an incentive for the family to break up, and what you are telling us with respect to disabled parents, and the lack of care facilities, and the lack of child care opportunities is that we are doing the same thing, that it is only a matter of time before we start to see this family spin apart, and somebody is going to flee that family to get away from the stress and the tension.

And yet governmental policies encourage the breakup of that family through that kind of tension.

Ms. BRESLIN. That's been our experience.

Chairman MILLER. It sounds to me like the policy ought to be changed.

Thank you very much, for your help and your testimony, Eyana. Thank you very much for coming over here this morning.

Ms. SPENCER-PERRY. Thank you.

Chairman MILLER. Has Ariel Bryant come in the room?

We are going to find him before the day is over.

Mary Lou, you are welcome to stay with this panel if you'd like.

Next, the committee will hear from a panel made up of Betty Cohen, who is the codirector of BANANAS Inc., a child care information and referral and parent-support system from Alameda County. She will be accompanied by Michele Walker, who is a parent from Oakland, and June Sale, who is the director of the UCLA Child Care Services and codirector of the UCLA Bush Foundation program, and Vivian Weinstein, who is the Associate Professor of Pediatrics at the King/Drew Medical Center in Los Angeles, and Sister Ann Weltz, who is the director of the Bay Area Crisis Nursery, in Concord. This is quite a diverse group in terms of services provided and experience. [Pause.]

Again, all of your prepared statements will be placed in the record in their entirety. We want you to proceed in the manner in which you are most comfortable. Your testimony will solicit responses from the members here so to the extent which you can stay within the 5-minute rule, we would deeply appreciate it.

And, Betty, you lead off.

Ms. COHEN. Michele? Chairman Miller. OK, Michele, fine.

[Pause.]

STATEMENT OF MICHELE WALKER, PARENT, OAKLAND, CA

Ms. WALKER. My name is Michele Walker.

I am the mother of a 13-month-old son named Justin. I am also a child care provider, with a degree in early childhood education.

In my field of work, I am familiar with the BANANAS Program, as a referral agency, but I was referred to their vendor program by a parent from my center; and in November 1982 before my son was born, I called to be placed on BANANAS waiting list, and in the beginning of July 1983, they called me to tell me that I could start the vendor program, which was to find shelter for my infant son because I had to start to get to work.

I assumed that it would be easy to find child care through the list of names that they gave me, but I was wrong; it was very difficult to find child care. Most of the names that I got, 15 on my list had been reduced to about three or four.

Most of the names, the places, were full. They already had the capacity that they took, some of the numbers were disconnected, and some of the providers were not providing any longer, so I had to call back and get a few more names, to try to find child care by September.

I called in, got names for areas where I lived, and also where I worked. I finally narrowed it down to two places—I chose a provider near my home. My son was the only child that this particular home had for the first few months, and I chose them, because the lady did not take more than three or four children, and I felt this was very good because my son would be able to get adequate care as a small child, and by her caring for a small number of children there would be no problem.

He was the only one there for about 2 months, and then they got another small child. But as the time went on, and he became older and more active, his needs changed. I didn't feel that they provided him with very much care, as I thought they would.

There was no room or no area for freedom to move around, no area for play; he had no type of social contact, no peer stimulation.

So, I decided to go back again to the referral list to find something else that I would be comfortable with.

It became very discouraging because I was very lucky to get on the vendor program, to find a program that suited my financial needs. I got affordable child care, and I got it at a time when I had to start back to work, so I was very lucky about that.

I was displeased about having to look again for something else. I called BANANAS back to get more names for referrals, but I didn't have very much luck with that because it was in the middle of the year, and most of the providers had already had their children they were going to care for. Not very many had any openings at this time.

There was a particular home that I noticed while taking my child to his provider. I observed children coming in and out, and I saw children playing in the yard, and I continued to observe the home and decided to stop one day to ask them if they provided child care, and, yes, they did provide child care, and of course they were full.

The lady gave me her card, and she took my number and said that she would keep in touch with me if anything came about. It took a while to get an opening so I was still with the provider that I was very displeased with.

One of the providers that took care of him was very impatient, and I was not very comfortable leaving him there. She seemed to be very touchy, very edgy, if he did anything that she didn't like. As I mentioned before, the only type of stimulation or social contact he got was if they decided to take him out of the room where he was in the playpen and sit him on top of a table in the dining room and watch television with them.

And as the days grew on, I became even more dissatisfied. I brought my child to the provider one morning, and she was trying to sit him on her lap, and he was squirming; he was sleepy, irritable, and she tapped him—she tapped him on his leg, a couple of times, and this just stunned me. I was absolutely stunned. I just froze. I didn't know what to tell her or how to tell her at the time, but I said, "No, please don't do that."

I thought about it later on that afternoon, and I came back and I talked to her, and I told her that I didn't like her tapping him on his leg or tapping him anywhere else because I didn't give her permission to do this, and I didn't feel that she should be doing it.

And she got kind of scared and she tried to defend herself and say, "Oh, no. This is just a love tap; I am not hurting him or anything like that."

That led me to believe that this wasn't the first time that it had happened, and that it happened while I wasn't there.

So, naturally, I became even more upset and worried about him being there all day long. I saw her raise her hand to try to hit him once, and she stopped herself. She raised her hand, as if she wanted to hit him, one day while trying to put him in a high chair, and he didn't want to sit in the high chair. She raised her hand, but she stopped, and I knew that she probably wanted to spank him.

These particular incidents just kept me really upset and nervous about leaving him at this particular home. There were a lot of things that upset me and I wanted to complain about, but I didn't. I didn't want to put my child in any jeopardy, and I was dependent on them for child care until I was able to start with the other provider.

So, I just kept my thoughts and feelings to myself, more or less. And, just waited until I found child care that I was comfortable with.

Luckily, I was able to get into the other day care home. And, I really feel comfortable about leaving him there. He gets social contact, peer stimulation, and everything that I wanted in the beginning. And, I'm really happy about that.

Chairman MILLER. OK. Thank you very much.

[Prepared statement of Michele Walker follows:]

PREPARED STATEMENT OF MICHELE WALKER, PARENT, OAKLAND, CA

My name is Michele Walker. I am the mother of a 13-month-old, a preschool teacher, and I have a degree in early childhood education. When my son was 4 months old I began to look for child care because I had to go back to work. I thought it would be easy to find something, so I didn't give myself much time. I was wrong.

I called BANANAS to get referrals. The list of 20 or 30 they gave me was narrowed down very quickly. Most places were full. Some had stopped providing child care. I had to call back several times to get more names. Time was running out, so I had to choose something.

I chose a family day care home near where I live. My son was the only child they had for the first 3 months. At first everything was fine. But as he started to grow, and get more active, I became dissatisfied with the care he was getting, which mainly consisted of feeding him and putting him in front of the TV.

I wanted to find another home for him. Everyday, when I dropped him off, I passed by another family day care home. It seemed to be what I was looking for. There were a group of children who would provide important social contact for my son, and they played outside in the yard. The women who ran the home seemed to be warm, loving people who enjoyed being with the children. Unfortunately, they were completely full.

In the meantime, I called BANANAS again for more referrals. Nothing was available.

I grew more dissatisfied with the child care worker. She was very impatient with him, and I was not at ease with her. Once she hit him on the leg, and I saw her threaten him at other times. Children are often mistreated, but I don't want my son to be mistreated.

Even though I was boiling inside, I managed to stay calm and cool because I needed the care. My family lives in another state, so I have no one to help take care of him. It's hard to confront a provider and tell her you think she's doing a bad job, or accuse her of hitting your child.

Because I was dependent on her, I was forced to accept things that I shouldn't have taken. I needed child care. I couldn't do without it. So I waited it out. A few months later the other home finally had an opening. I felt so lucky to finally find a place that I felt comfortable with, and that my son really enjoys.

Because of what happened at the first day care home, and because of the recent incidents of abuse at other child care centers, I am much more observant of my son. You might say I've become suspicious. Everyday when I come home I check him out for anything unusual. He's helpless, so it's up to me. I often wonder, is he alright?! Because I have to work, I don't know what's going on with him all day. As a parent, you want to have confidence, but you never know.

Since the Manhattan Beach incident, I decided that I have to educate myself more. I want to protect my child, but I can't always be there. At my job, the Director has told us to keep a closer eye on the playground, especially near the gate, to see if anyone strange is hanging around. The parents seem more leery and scared, but they haven't panicked yet. I think that's partly because we encourage them to talk to us about anything that's bothering them. The staff is available anytime.

It's really horrifying to know that these things are going on. You wonder how could so many children have been abused at one center, and no one figured it out? How could things get so out of hand? The only child care I would ever be completely comfortable with, is if I watched him myself. But I do have to work, so he has to stay with someone else.

At one time children were sacred. Now they're not safe. A friend of mine, who doesn't have children, said to me the other day that after what happened at Manhattan Beach and other places, it's something to consider even having children nowadays.

STATEMENT OF BETTY L. COHEN, CODIRECTOR, BANANAS, INC., CHILD CARE INFORMATION AND REFERRAL, AND PARENT SUPPORT, NORTHERN ALAMEDA COUNTY

Ms. COHEN. My name is Betty Cohen. I've been working at BANANAS, which is quite a silly name, I have to admit myself, actually, since BANANAS began almost 12 years ago. It began as an information service for parents. We chose the name Going Bananas, which no parent in the room can probably not identify with. Everyone knows what it's like to go bananas. In the beginning, it was a very hard name, still is, I guess, to convince people that we were quite serious about what we were talking about, which was child care.

I pretty much decided to abandon my statement, because later in the day, Patty Siegel, who is the executive director of the Resource and Referral Network, will talk about what are the possibilities and what we think are the tremendous strengths of resource and referral in California. I want to talk mostly about parents and parents' anxiety.

We've already had a chance this morning to listen to two parents. And, I guess I can say that, in the last years that we've talked to parents, and we think we've talked to over 200,000 parents in this period of time, everybody is anxious about something. They're anxious—they're thinking about whether they're going to go to work. They're worried about that. They're worried about whether it's right to put their children in child care. They're worried—they're worried about that, even if they don't have a choice. So, they're just worried. They're worried about what they're going to do when their children are sick. They're worried about what they're going to—if they're ever really going to be able to find any kind of child care. They're worried, as the parent who has a disabled child, if a provider could really care for their child. They're really afraid to leave their children.

Some people are even worried that the provider will— that their child will come to like the provider better than the mother. And, there are strong relationships between parents, providers and children. And, that's an important issue to consider. Sometimes, I have to say mostly mothers, do worry that this other person will replace them in their child's lives. And, of course, I don't believe they do.

So, people have called us. Through the years, they've always been worried. There's just no question about it. Every call we get has some concern, anxiety.

I'm used to the worries. In fact, they're part of what we do in our job, in information and referral, listening to people talk about their concerns, really listening to them. And, when Congressman Miller just started talking about the policies we have for families in this

country, I started thinking about the Carnegie Report, which I still feel is extremely valid, in that every family needs support. It doesn't matter if you're rich or poor, it doesn't matter what your circumstances are in any way. You need support. And, child care is the basic support for all families.

In the last year—I say the last year, the anxieties of parents have changed. And, I have to admit that I think it's because of the media, since the media is here. And, the child abuse cases in child care centers. Parents are really—it's accelerated. And, it's become very upsetting for our staff, although we're used to challenge.

Parents are so riddled with indecision that they can't even take the list of names and go and look for somebody. Or, they're afraid that if they find—they think they found child care, that it really won't be what it is. In other words, they're afraid that there is some kind—something going on that's different on the surface than underneath. Parents who have exceptionally fine providers are scared that maybe they really aren't a fine provider, even though they've been going there every day for 3 years. Maybe something's happening when they're not there.

So, what we have is, like—is an undercurrent of stress, anxiety and suspicion, which really eats at the heart of whether you can go to work and be a good parent.

I would also like to say that this—northern Alameda County, which BANANAS serves, is very diverse. There's all kinds of races, all kinds of cultures, all kinds of income levels. And, we see this on our staff, which is also quite diverse. Categorically, across the line, every parent is anxious. It's incredible. And, they have almost exactly the same kinds of anxieties.

The calls are taking much longer, 10 minutes, now 30 minutes. There are—sometimes, you can't even get a parent to go and look. And, this has sort of eaten away at people's ability to make decisions. And, of course, parents are responsible for their children. Child care is one of their responsibilities. They need to be able to make these kinds of decisions, so they can go on with their lives. And, we try to support them with that. But, I do feel that there needs to be some way to overcome the fears that people are working on, to try to develop an atmosphere which is conducive to children growing and learning. And, to parents being able to survive.

And, I'm sort of looking to you to see if we can meet the overwhelming odds, which I think are accelerating, and try to come up with some real family policies which support families and which also take on the responsibilities that families have. Instead of saying it's your responsibility to make this system for yourself, the society needs to take on some of that.

Chairman MILLER. Thank you. Mrs. Sale.

[Prepared statement of Betty L. Cohen follows:]

PREPARED STATEMENT OF BETTY L. COHEN, M.S.W., CO-DIRECTOR AND COORDINATOR OF SOCIAL SERVICES, BANANAS, INC., CHILD CARE INFORMATION, AND REFERRAL, & PARENT SUPPORT, NORTHERN ALAMEDA COUNTY, CA

First, I want to thank you for the opportunity to address the Committee today. I am the Coordinator of Social Services and Co-Director of BANANAS, one of the oldest child care information, resource and referral services in the United States. It is from this perspective, as a "veteran worker" in the field, that I speak with you today about the important relationship between child care Resource & Referral and

the impact it can have on the present climate of fear and suspicion related to child abuse in child care.

Categorically, every caller to BANANAS (and there have been over 200,000 of them in the past twelve years) is worried about something—worried about finding that special someone to care for their children—worried about finding a place for their children which is safe and secure—worried about whether it is alright for them to leave their baby and go back to work (even if they really do not have an option about it)—sometimes even worried that their children might come to love that "other someone" better than themselves—worried about what they are going to do if their children are sick. These are just a few of the hundreds of worries, concerns and questions we receive every day.

Lately, however, the worries have intensified—and they have changed. Families are now worried that they won't be able to find any kind of good care, or that they won't know it should they find it, or that every provider should be scrutinized and rescrutinized. Or, they may even begin to worry that a trusted provider of care is a secret abuser. And, the providers are calling with an equal number of concerns and worries—parents they know well appear to be pulling away, becoming more distant, even hostile.

Our job at R & R has certainly become more difficult as the rash of horror stories in the media brings its own illness of distrust and suspicion. Despite it all, however, we continue to struggle to try to give parents the tools to understand their needs and the encouragement to take the time to be good consumers in looking for child care for their children. We continue to look toward education and empathetic counseling for both parents and providers as a worthy and productive mission.

How can Resource & Referral help parents choose and use child care? Each of the fifty-five state-funded R & R's in the State of California has its own community flavor which is one of the strengths of Resource and Referral. The full mandate we feel is greater than what is designated by the legislation. At BANANAS, we believe that our primary function is listening. Resource and Referral is a positive, preventive social service which is unique, proactive and cost-effective. More than in almost any other family service, staff talks to parents about daily practical matters, matters which all families face. Across cultures, across economics, across races, all families need additional assistance in rearing their children. When we talk with parents we aren't healing the sick, or patching up a life that has gone astray—we are just working with parents as they put together the pieces of the family puzzle. In that way, this is also a challenging and rewarding job. (I must like it—I've been this kind of "matchmaker" since BANANAS began.) Strengthening families is Resource and Referral's business.

This process of helping parents choose and use child care, can be briefly divided into three general areas of work: 1) Helping parents look for and choose the most appropriate care for their children; 2) Helping parents learn how to maintain continuing good relations within the child care triangle—parents/providers/children; and 3) Helping parents face and resolve problems if and when they arise. Let me emphasize that each of these areas begins with helping people make decisions as to their own responsibilities and obligations as parents and providers. There is no solution which is right for every family. And, although a Resource and Referral organization is able to collect a wide range of child care options from which parents can choose, it cannot choose for parents. Again, that is not to say that staff does not become involved with some very difficult decisions or that parents aren't asking us every day to tell them "the perfect child care place for their children." (Wouldn't we all wish someone could appear with the perfect solutions to life's most pressing questions?) But, still Resource and Referral can be pivotal in helping parents learn how to make crucial necessary family decisions.

Here are some specific ways:

1. Helping families look for and choose child care by listening to parents' hopes for their children, by listening to their worries and placing them within a realistic framework, and by offering all the available options, workshops, written information, and suggestions on how to make choices.

2. Helping families use and maintain good relationships within the child care triangle by listening to parents' worries and concerns and taking them seriously, by attempting to strengthen the ties with providers and the other parents using the care, by helping them to talk to their children day by day, and by offering suggestions as to how to talk about problems.

3. Helping parents face and resolve problems if and when they arise by informing them of the details of licensing regulations (as the most frequent visitors to child care sites, parents are in the best position to see if the rules are being followed), by informing them of how to register and follow through with legitimate complaints,

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and, lastly, by helping them get back on their feet and choose again, should a bad incident have occurred.

It is always difficult to briefly summarize an entire field of service. But what we feel it is important to stress now—perhaps now more than ever in recent years—is that there is quality child care available and there can be more. Assisting in its growth and development must become an important priority for our country. Child care is a basic support for all families and it is crucial for us, as parents, and as people concerned with children, to work hard against the present apparently overwhelming fears. Why? Because our children are depending on us and because there can be no sense of community without it.

STATEMENT OF JUNE SOLNIT SALE, DIRECTOR, UCLA CHILD CARE SERVICES; CODIRECTOR, UCLA BUSH FOUNDATION PROGRAM ON CHILD DEVELOPMENT & SOCIAL POLICY, LOS ANGELES, CA

Mrs. SALE. I've been promoted, I'm not doctor.

Mrs. BOXER. It says Ph.D.

Mrs. SALE. I know, but that is incorrect.

Mrs. BOXER. Oh, all right.

Mrs. SALE. I feel like I deserve a Ph.D., having been in child care so long.

Mrs. BOXER. You're an honorary doctor, for purposes of this committee.

Mrs. SALE. Thank you.

It is with mixed emotions that I am presenting this testimony to the Select Committee on Children, Youth, and Families. On the one hand, I am pleased to present issues concerning child care to a group of legislators dedicated to improving the lives of children and their families. I wish to commend your commitment and your purpose. On the other hand, I am sad that we need to examine the connection of child abuse and child care. It is important, because there seems to be little doubt that, as Newsweek has recently reported: "The sexual abuse of children by their elders is much more widespread than most Americans suspect or want to believe."

The initial response to this has been to develop more child-abuse bills. There are presently 29 bills before the California State Legislature, representing only those on the Democratic side, which will make the crime punishable by stiffer jail sentences, require more reporting, establish educational programs for children and provide respite care. The emphasis has been a punitive one or remedial, at best, with not enough effort placed on prevention. This emphasis on punishment and remediation, while extremely important for those who have been victims of child abuse has produced victims of another kind: families and child-care providers.

I believe that what has happened, and I think Betty Cohen has outlined it very well, is that parents have suffered tremendously with the media attention on child-abuse in child-care centers. I have brought to this hearing today's edition of the Los Angeles Times, which has on its third page "Safety at Child Care Centers, Whose Job is it? Parents Ask." This is the kind of article that has appeared in the Los Angeles press and TV since the *McMartin* case on a daily basis. Child-care providers have been inundated with questions such as this. And, they're surely legitimate questions. But, I think the answers given by the media have not been very helpful so far.

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The emphasis has been very punitive and, in effect, it has had a chilling effect on parents, making them feel more and more insecure, powerless with fewer options.

I believe what we need to do is to empower parents so that they can choose child care in a very realistic way. That is, to find good child care which fits their unique needs. This is possible. I think many parents feel it is impossible. The other thing that has happened is that the question of who is responsible for finding good child care has been focused on women. Women are told in many, many ways that child care is not really wonderful and perhaps the solution to poor child care is that women should be at home taking care of their children.

You mentioned that that happened to you, Ms. Boxer. I think these unfortunate events reinforce that feeling. The notion that women really need to stay home and protect their children from child abusers and child sexual abusers is false. The reality is that there is a very small percentage of actual sexual abuse in child care compared to the amount of sexual abuse found in the home.

The other people who have suffered tremendously as a result of this media attention are the providers. I mentioned, in my written testimony, that we had a meeting of our male providers in our day care-center. They held a meeting and as a result asked that whenever they do anything intimate with a child, such as toileting or helping with nap time they want to have another person present. Male providers feel very vulnerable.

It is very important in child care to have nurturing, caring people. And yet, both men and women providers are reluctant to demonstrate and show affection. Men are particularly vulnerable. Part of this is because of the whole emphasis on reporting child abuse. The emphasis on reporting anything suspicious or suspected makes child-care providers feel very uncomfortable because so much is left to individual judgment. There seems to be very little redress, once a person has been reported, even when no crime has been committed. The accusation remains on a person's record and RAP sheet forever, guilty or not. This can really destroy a career.

Now, there must be some way of helping or punishing people who are child abusers. And at the same time protecting good, nurturing people. There's got to be a balance somewhere.

I was interested in how Dr. Michael Durfee in this same Los Angeles Times article described how one should determine whether a person is an abuser or not. He says:

> You should look for the ability of the person to relate to adults and children. Someone with healthy outside intimacy, whose total life is not kids. Not necessarily whether they are married or divorced, but whether there are other people in their lives. A personal life separate from the school. Someone who is not secretive, that is good with kids, whether or not adults are around. Part of this is subjective. If you sense that someone is too seductive, too harsh, too uncomfortable with kids, too gender and sexual object-conscious, trust that feeling and children's reaction to him.

I would find it difficult to find a prospective provider who would meet Durfee's criteria. Most of us who are in child-care work for too many hours in child care and much of our lives is invested in children. I guess we're all suspect. I think we're facing a Catch-22 and in danger of losing some of the most nurturing, caring people in our profession.

I would like to close my testimony by suggesting that, perhaps we need to spend less money on MX missiles and other destructive devices and start putting more of our resources into supporting children and families, so that they can have good choices, in child care.

Chairman MILLER. Thank you. Vivian.

[Prepared statement of June Solnit Sale follows:]

PREPARED STATEMENT OF JUNE SOLNIT SALE, DIRECTOR, UCLA CHILD CARE SERVICES; CO-DIRECTOR, UCLA BUSH FOUNDATION, PROGRAM ON CHILD DEVELOPMENT AND SOCIAL POLICY

It is with mixed emotions that I am presenting this testimony to the Select Committee on Children, Youth, and Families. On the one hand I am pleased to present issues concerning child care to a group of legislators dedicated to improving the lives of children and their families. I wish to commend your commitment and purpose. On the other hand, I am sad that we need to examine the connection of child abuse and child care. It is important because there seems little doubt that, as Newsweek has recently reported, "The sexual abuse of children by their elders is much more widespread than most Americans suspect—or want to believe."

The initial response has been to develop more child abuse bills (there are presently 29 bills before the California State Legislature, representing only those proposed by Assembly Democrats) which will make the crime punishable by stiffer jail sentences, require more reporting, establish educational programs for children and provide respite care. The emphasis has been a punitive one or at best remedial, with not enough effort placed on prevention. This emphasis on punishment and remediation, while extremely important for those who have been victims of child abuse, has also produced victims of another kind: families and child care providers.

I have long believed that good child care can be a major support to families and can serve as an effective child abuse prevention program. However, with the recent Manhattan Beach case and others in Texas and Illinois, a shadow of doubt has been cast on child care and the question has been raised as to how prevalent sexual child abuse is within our field. Certainly there is no responsible person who wants known or probable child abusers or molesters to be in a position of working with children. The hysteria that has been recently whipped up by the media has done a good deal to make parents painfully aware of how vulnerable they are in making a child care arrangement and has made providers of child care painfully aware of how vulnerable they are to accusations of child abuse.

While the facts point to the conclusion that the number of sexual abuse cases that have been found in child care are extraordinarily small considering the number of facilities that exist (in California there are 35,000 licensed child care facilities), a day doesn't go by in Los Angeles that the media does not raise the issue of the possibility and probability of sexual abuse in child care.

The effect has been chilling for both parents and providers and it is about these two groups I wish to address my remarks.

PARENTS

After the McMartin case surfaced, parents in our center who are moving from Los Angeles in July came to talk to me about a child care program for their child on the east coast. They wanted to know how to find a program that would be safe—"That was not like the McMartins." How could they find out about a good program and what could they do to protect their two-year-old? Two excellent jobs are waiting for this young family that has been struggling to make ends meet. Now they are faced with a decision of whether the mother should continue to work or stay home with their child, because the idea of child care in a strange place might be too risky. I don't think this is an unusual case.

There is concern about the link between child care and child sexual abuse, and the implication is that children would be better off if mothers stopped working outside the home. However, Dr. Ronald Summit, a UCLA psychiatrist specializing in sexual child abuse cases, disagrees with that premise. It is his position that it is wrong to place the blame on child care or working mothers. [1] Dr. Mary Rimsza of the University of Arizona reports in the 15 May 1984 Chicago Tribune, "We do not see very many cases of sexual abuse from day care centers because it's not an isolated situation. There's other people around. So unless you have a collusive group of individuals . . . it's actually less likely that somebody could get away with doing

those things in a day care center." [2] It is a sad state of affairs that we have to convince parents that Uncle Charlie may be a bigger threat to their child than the grandmother, like me, who directs a child care center.

But the media hype had frightened many parents and has left them feeling powerless. At a recent meeting attended by parents and staff of the UCLA Child Care Center, it was interesting to see the metamorphosis of parents who came to talk about child abuse feeling shy and frightened. They left with a feeling that they had some choices and were more aware of how to be cautious. There was a realization that, as the adult, each was responsible for his/her child's well-being and there was a willingness to take a more active role in listening to children, watching for unusual signs of disturbed behavior and actively participating in children's child care and shool life. Our usual parent meetings are attended by 50 to 60 parents out of 78 enrolled families. This meeting had only 20. Many parents who did not attend told me they simply could not deal with the subject . . . it was too threatening.

In my writings and thoughts long before abuse was raised as an issue, I have emphasized that one of the important quality indicators for child care has been parental access, involvement, and input. If nothing else has happened out of these tragic times, the importance of parental involvement in children's child care lives has been dramatized. The McMartins did not permit drop-in visiting by the parents or other people. A licensor that makes an unannounced visit once every three years is not likely to uncover cases of abuse and/or neglect in a meaningful way. But an informed and knowledgeable parent who consistently drops in to visit with his/her child is probably more able to influence providers and make appropriate decisions about the program.

I cannot think of a more effective group of agencies that have provided support to parents in making decisions about child care arrangements than the Resource and Referral programs located throughout California. Not only do they assist parents with child care arrangements, but they also recruit and provide supports for child care providers. I would also like to refer you to a helpful videotape and accompanying leaflet developed by the California Child Development Program Advisory Committee called "Childcare Choices" that is being distributed in hospitals, pediatric clinics, and public health offices. More of this kind of consumer education program is needed. Making licensing more effective is certainly important as well. This topic will be discussed by others, but I do want to emphasize the importance of regulation in the protection of children and the support of parents.

PROVIDERS

When the Manhattan Beach case was reported, I received a phone call from a concerned man who, with his wife, owns and operates a small proprietary child care center located near UCLA. Mr. and Mrs. A. eke out a meager living and provide loving, adequate care for 30 to 35 young children whose parents depend on this stable, predictable environment. Mr. A. asked for my advice. He wanted to know if he should try to sell his center, since it seemed obvious to him that it would be a matter of time before he would be reported for sexually molesting the children in his care. Since he was an active provider of care, there were many times when he changed children's clothes, toileted them, held and comforted them when they were hurt or ill and rubbed their backs at naptime. If a parent or an aide or a "gossipy" neighbor reported Mr. A. for sexual abuse, there would be little that he could to counter the report and he would forever be suspect, whether he was cleared of the charge or not. He felt that this would ruin his life, since he has made child care his career and profession.

I have found that Mr. A's feelings are being voiced by other men and women in all parts of the state. At my own center, the male teachers had a meeting and requested that whenever a man needed to change, toilet, help with naptime, or have any intimate contact with a child, another person should be present in order to protect the teacher from possible accusations of sexual molestation. The threat to male providers seems to be greater than to females, and presents serious problems to those of us who are trying to recruit more men into the field.

David Kirp has written, "Child abuse is one of those ambiguously evil acts that fairly screams out for some—any—remedy. When children are beaten senseless or chained for weeks to bedposts or turned into objects for the sexual satisfaction of their elders, the abusers should be locked up. Yet finding those malevolent grown-ups while not at the same time pointing the finger at hundreds of thousands of perfectly good parents, is devilishly hard to do." [3] I would like to add that the same is true of child care providers. After all, child care is a direct reflection of the community in which it is located, no better, no worse. Kirp goes on to report from a 1979

study which found that close to 70 percent of all reports of suspected child maltreatment turn out to be unfounded. Lily Venson, an official of the Illinois Department of Children and Family Services, has stated that on the average, 45 per cent of sexual abuse reports "were unsubstantiated." [4]

Whether it's a 45 or 70 per cent, there is a group of men and women who have been accused of child abuse and/or sexual molestation and for whatever reason, the charges have not been substantiated. Yet, at least in California, their rap sheet will forever show that they were accused of child abuse. If one has been accused of a felony and the investigation shows not enough or no proof of wrongdoing, that person may have his/her record expunged. It only seems logical that the same right should be accorded to those falsely accused of child abuse or sexual molestation. This is especially important because "the reporting laws encourage, facilitate and foster reporting at a much lower threshold of suspicion . . . and in fact, may impose a fine on those who fail to report suspected cases." [5]

The same powerlessness felt by many parents has been transmitted to providers of child care. No one would agree that clear-cut acts of child abuse and neglect and sexual molestation should go unattended. But the pressure to report and the ease of doing so has raised a legitimate fear among child care providers and we are in danger of losing many nurturing and loving people so desparately needed by the field.

CONCLUSION

I will conclude my testimony by reiterating my suggestion for solutions to problems I have raised:

Parents must work and their children deserve child care which reflects the family's cultural and child-rearing style. Parents need assistance so that they may make knowledgable and informed choices when making a child care arrangement. The best way to obtain this support is to provide child care resource and referral programs through such bills as HR 50-145, which includes a national child care resource and referral effort. In addition, the local, state, and federal government should provide helpful consumer information to parents in every language that would help parents understand what their rights and responsibilities are when making a child care arrangement. It would be helpful if the media could take a positive approach and disseminate this information as widely as possible.

In addition, nurturing child care providers must be encouraged to continue in the field. There must be some safeguards offered that will protect innocent adults, while still getting the job done in terms of protecting children from all types of abuse and neglect.

In a recent Los Angeles Times article, it was pointed out that California, like other states, is in danger of fiscal disaster due to the increasing numbers of jails we are building and maintaining. [6] We must start to think of prevention rather than punishment. By providing good child care there could be great human and financial savings. It is a good investment for the future and it might insure that our nation would not be accused of child neglect.

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STATEMENT OF VIVIAN WEINSTEIN, ASSOCIATE PROFESSOR OF PEDIATRICS, KING/DREW MEDICAL CENTER, LOS ANGELES, CA

Ms. WEINSTEIN. I, too, am going to speak a little bit about child care and child abuse.

Child care is one of the most important resources for the prevention of child abuse. Abuse and violence against children by parents increase when they feel pressure to meet their children's needs,

their work needs, and there is only inadequate child care available. An increase in the availability and the affordability of all types of child care will have a positive impact on the well-being of children. Currently, one of the most widespread forms of abuse against children is the latchkey phenomenon. These children are programmed with fear, suspicion, and loneliness. And, we heard a good example of that today. Only the development of child care for school-age children will prevent this widespread form of abuse.

Most parents have indicated that they are willing to pay for this kind of care, but that nothing is available. Respite child care is an important service to families in crisis who need some help when the stress becomes overwhelming. Child care also provides a warm, caring and nurturing environment with peers and adults for children who have been abused, and such positive experiences can assist in the healing process. Child care also offers support and care to parents through contacts with providers if even only during brief daily exchanges.

Because I have seen child care provide all of these services to children and their families: that is, less tension in families because the children are cared for during the working day, improved understanding of children's behavior because of contact with child care providers, children beginning to heal because of an appropriate and warm environment, and the ability of child care to provide respite to parents in crisis, I am dismayed at the publicity and sensationalism given each exposure of physical or sexual abuse in a child care setting. Such sensationalism raises concerns and heightens anxiety of parents about the use of child care. And, it also serves to increase societal questions about the value of child care, especially for those who still have doubts about its use and its value.

But, I am also concerned about the nature of the publicity, because all of my experience contradicts the conclusions that are drawn from these exposures. Working in a large county hospital, as I do, I am very well aware of the major source of violence against children. For the past number of years, we have been identifying between 800 to 900 cases of abuse every year, the largest number of any hospital in Los Angeles County. These are children brought in by parents, relatives, law enforcement, and child protective workers. About 60 percent of these children are sexually abused.

During the past 5 years, only about 10 children a year have been identified in our hospital where the abuse has been perpetrated in a school or in a child care center. We have seen twice as many children than that who have been abused in the foster homes where they have been placed to protect them from abuse.

There is a lot of child care in South Central Los Angeles and yet, from July 1, 1983, until April 30, 1984, we have had only eight cases of abuse in child care or in schools out of 661 children seen. And, this seems to be the picture nationally. Certainly, even this is too much. But, the attention it receives is certainly out of proportion to where the abuse is.

Why is this so? Of course, the reasons are complicated. But, I would like to suggest the following one for at least some consideration. Our society has just begun to deal openly with sexual and physical abuse of children. I believe this is mainly due to the new attention being given to the sexual assault against women. When

statistics indicate that one in four women are sexually abused or molested as children, everyone becomes very uneasy. Our vision of innocent and protected childhood is seriously disturbed. And, when an examination of such abuse indicates that the offenders are most often family members or close family friends, our conception of the family as the provider of protection for its children is just shattered. It is hard for us to confront the reality that many families require help and assistance in order to fulfill their function of rearing their children in a safe and nurturing fashion and that society has an important part in that process.

This is very hard for us to incorporate into our collective consciousness. But, those are the facts. So, it is very comforting to respond to the sensationalism of sexual abuse in child care in order to turn our attention away from where we really need to look, and that is in the child's most immediate environment.

What help do families need in order to be able to raise their children without violence? The answer to that question will take the best wisdom of the Select Committee on Children, Youth, and Families. But, I know for sure that child care is an important part of the solution and not part of the problem. Of course, regulations need to be strengthened, parents need to be helped to know what to look for, they need to be able to visit and talk with providers. But, first and foremost, they need to have choices in selecting child care. And, choice means that parents must have alternatives and alternatives mean that there must be a sufficient supply.

Parents should not have to wait one moment when they are feeling uncomfortable about a child care situation.

Our country has had great difficulty in developing a consistent policy toward families. We recognize that in the main, child rearing is a family function. But, as a society, we also have concerns about how well this task is being fulfilled, since children represent the Nation's future. Our policy has vacillated between no interference and no support to some interference and some small support. But, in reality, there is no family policy. What families need, how much is the responsibility of the Government, what can Government best provide, these are the questions that will need to be answered if we are going to provide care for our children and begin the process of ending violence against them [Applause.]

Chairman MILLER. Thank you. Sister Ann.

[Prepared statement of Vivian Weinstein follows:]

PREPARED STATEMENT OF VIVIAN WEINSTEIN, ASSOCIATE PROFESSOR OF PEDIATRICS, KING/DREW MEDICAL CENTER, LOS ANGELES

Child care is one of the most important resources for the prevention of child abuse. Abuse and violence against children by parents increase when they feel pressured to meet their children's needs and their work needs and adequate care for the childen is not readily at hand. An increase in the availability and the affordability of all types of child care will have a positive impact on the well being of children. Currently, one of the widespread forms of abuse against children is the latchkey phenomenon. These children are programmed with fear, suspicion and loneliness. Only the development of child care for school-age children will prevent this widespread form of abuse. Most parents are willing to pay for this care but nothing is available. Respite child care is an important service to families in crisis who need some help when the stress becomes overwhelming. Child care also provides a warm, caring and nurturing environment with peers and adults for children who have been abused and such positive experiences can assist in the healing process. Child

care also offers support and care to parents through contact with providers if only during brief daily exchanges.

Because I have seen child care provide all of these services to children and their families: that is, less tension in families because the children are cared for during the working day, improved understanding of children's behavior because of contact with child care providers, children beginning to heal because of an appropriate and warm environment and the ability of child care to provide respite to parents in crisis, I am dismayed at the publicity and sensationalism given each exposure of physical or sexual abuse in child care settings. Such sensationalism raises concerns and heightens anxiety of parents about the use of child care. It also increases societal questions about the value of child care, especially for those who still have doubts about its use and its value.

But, I also am concerned about the nature of the publicity because all of my experience contradicts the conclusions that are drawn from these exposures. Working in a large county hospital, as I do, I am very well aware of the major source of violence against children. For the past number of years we have been identifying between 800 to 900 cases of abuse every year, the largest number of any hospital in Los Angeles County. These are children brought in by parents, relatives, law enforcement and child protective workers. About 60% of these children are sexually abused. During the past five years only about ten children a year have been identified in our hospital where the abuse has been perpetrated in a school or child care center. We have seen twice as many children than that who have been abused in the foster care homes where they have been placed to protect them from abuse. There is a lot of child care in South Central Los Angeles and yet from July 1, 1983 until April 30, 1984 we have had only eight cases of abuse in child care or schools out of 661 children seen. This is generally so nationally. Certainly, even this is too much. But, the attention it receives is certainly out of proportion to where abuse is. Why is this so? Of course, the reasons are complicated but I would like to suggest the following as one consideration. Our society has just begun to deal openly with sexual and physical abuse of children. This is mainly due to the new attention being given to the sexual assaults against women. When statistics indicate that one in four women are sexually abused or molested as children, everyone becomes uneasy. Our vision of innocent and protected childhood is disturbed. And when an examination of such abuse indicates that the offenders are most often family members or close family friends, our conception of the family as the provider of protection for its children is shattered. It is hard for us to confront the reality that many families require help and assistance in order to fulfill their function of rearing their children in a safe and nurturing fashion and that society has an important role in this process. This is hard to incorporate into our collective consciousness. But those are the facts. So, it is so comforting to respond to the sensationalism of sexual abuse in child care and turn attention away from where we really need to look and that is in the child's most immediate environment.

What help do families need to be able to raise children without violence? The answer to that question will take the best wisdom of the Select Committee on Children, Youth and Families. But, I know for sure that child care is an important part of the solution and not part of the problem. Of course, regulations need to be strengthened, parents need to be helped to know what to look for, they need to be able to visit and talk with providers—but first and foremost they need to have choices in selecting child care. And choice means that parents must have alternatives and alternatives mean that there must be a sufficient supply.

Our country has had difficulty in developing a consistent policy toward families. We recognize that in the main child rearing is a family function, but as a society we also have concerns about how well this task is being fulfilled since children represent that nation's future. Our policy has vacillated between no interference and no support to some interference and some small support, but in reality there is no family policy. What families need, how much is the responsibility of government, what can government best provide—these are the questions that will need to be answered if we are going to provide care for our children and begin the process of ending violence against them.

STATEMENT OF SISTER ANN WELTZ, C.S.J., DIRECTOR, BAY AREA CRISIS NURSERY, CONCORD, CA

Sister ANN. When I first received the invitation to come and speak with the select committee I wondered why, since we are a very small, unique program. But possibly, that is the reason.

I would like to start by thanking you for the invitation and then, by answering the four questions that you asked that I present here today, as well as giving you three concerns. And, I think, maybe, some of the previous speakers are also headed toward those concerns which are basic to child care in today's society, and to preventing abuse.

The crisis nursery is simply a place where parents, any time of day or night, can bring a child to get respite. It is a non-cost facility. There is no charge, no matter how rich or poor you are. There is no time in which the nursery closes. It is open 24 hours a day 7 days a week. We don't take holidays or vacations.

We only serve birth through the age of 5. And, that is very unfortunate, because the older child still needs the service. But, when you deal with children who frequently come from violent backgrounds, you do not mix a 9-, 10-, 11-year-old with an infant. And so, we had to start someplace.

The role of the crisis nursery is to allow a child not to be abused. To have abuse, you need a parent, a child and, frequently, it is during the crisis that the child becomes injured by the parent. So, we give the parent a place to bring a child during crisis, removing the child from the environment in which they could get hurt, and preventing the abuse of this child.

Who can bring a child to the nursery? It's simple. Just the parent. We don't take any other referrals except directly from the parent who wants to prevent that child from undergoing this crisis that they feel will be detrimental to them. Our parents come with alcohol, and drug backgrounds. They come with marital problems. They come with tensions that got them to the point where they are afraid of striking out at their children. And, they voluntarily come to us, leave their children, and they pick them up at any time they wish. They make the decision when they are in crisis and when they are ready to take them home.

The role of the nursery with the child is simple. We provide food and clothing in a nice place. In fact, some people refer to it as the palace for children. We provide a lot of love and attention. And yes, we do take a chance at times, because we hold and cuddle. We rock babies to sleep, and we read stories on the edge of beds and so on.

But, the children who are separated from their family unit during crisis need that. And so, we do protect one another. But, we do give a lot of attention to these children.

One of our protections is, the family is always welcome to come to the nursery unannounced at any time until dark. When children are in bed, we don't wake them up to visit. But, other than that, they are welcome.

For the parent, we sit down at the telephone with the parent. We look for resources. We give free counseling, if that's what they need. But, we also call housing, and we call day care places and we call food sources, and we call places that could help that parent. Resources that are in the area in which they come from. No parent comes to the door and is told they are across the border of our services. We don't have a limit on where they come from.

We're located in Concord, but we've had San Francisco families, Santa Cruz families, Sacramento families, anyone who comes can

get service. If we have a bed, we take the child. If we don't have a bed, we sometimes find a bed.

There is a need for such centers. And, our census, which has taken care of more than 850 children in less than 3 years, shows that the closer the family lives to the center, the more apt they are to know about it, and the more apt they are to use it, because they can keep contact with the child during the crisis.

So, the need for the center is simply to have them as close to the families as possible. It would be ideal to have them in all of the large cities and in all of the areas.

One of the questions asked was, how do we raise funds for operating? I can't tell you that exactly. We raise $14,000 to $15,000 a month to keep our doors open. I don't know where that money comes from. I didn't know where it came from to buy the facility or to build. It cost me $300,000 to do it. And, I could tell you stories that would take too long, and I can't get into them. But, the community provided it. Groups, clubs, organizations, and some foundations.

I can tell you, though, that last year, running at approximately $14,000 a month, 66 percent of that money came through our mail slot from individuals who wanted to help children. So, they put a check in the mail. Twenty percent came from groups, clubs, and organizations. People I talked to or heard about the nursery, and someone in their group talked to them. And so, they did a fund raiser and gave the proceeds to us. We—the Nursery—don't do fund raisers.

Four percent came from corporations and foundations. Now, to set up, there were more from corporations and foundations, maybe 20 percent. But, once the nursery is established they don't give for operations. I can't tell you if I have money for next year, and I don't worry about budgeting periods, because we're not dependent on them.

We do not have Federal, State and county moneys. We do have a program that is going to be preplanned respite care for children that is going to be funded by the children's trust fund. And, I'm glad that the total program is not that way, because we have been ready to take children on this new program since June 1. And, we have not received one child yet, because the paperwork and the signature of the contracts and the spreading of the information to the correct sources and setting up stipulations within Social Service, Health Department and all the rest of it takes time.

The only people who have used that program are our own parents who have come, that we have told them about it, and they've come in. Our average census is ten or eleven children, three fourths of our capacity. We have a capacity of 15. Licensing will allow us to go up to 20 on an emergency basis.

Now, I have some real concerns, though. It sounds great, and it is for the majority of families. But, I have seen three types of families that really concern me. And, I would like you to be aware of why they concern me.

The first type of family, there are a lot of them. They are welfare families. They are parents who do love their children. Some are new to welfare, some are long-term welfare families. But, basically, they are parents that do love their children. They find themselves

in an environment that is extremely hazardous. There is violence, sometimes there are shoot outs. Sometimes there are drugs and alcohol. Sometimes, there are people who beat up each other. And, we all know what happens.

A mother hears about the nursery, usually a mother. Sometimes, it's a father. They get the courage to break out of that system, and they bring their child to us. And, for the next week or 2 or 3 the child stays with us, and this parent goes out in search of resources. They look for housing outside of that environment. They look for food and clothing and a job to get off welfare and be independent. And, they are the last one to be chosen for housing, because there are 10 applicants for the same apartment. And, a welfare person is not top priority. They get the feeling the minute they know the source is from welfare, that they aren't top priority.

So, they either end up back in the same unsafe environment, or they end up in a new environment that is also unsafe, because no one else wants to be there. And, they feel lucky to have a house.

These welfare families sometimes are the battered women, and sometimes are the mothers who have gone through a divorce, and sometimes are the long-term welfare families. But, they do try. And, every time they break away and every time they try again, it gets harder and worse, and a cycle is established. They go from shelter to shelter. They go from car to car. They go from friend to friend. And, they can't stay on the welfare roll unless they keep their child with them. They can't find a permanent place to live with the child. They can't use the address they're at if they are living in someone else's rented house. And, the circle gets worse and worse.

The second concern I have is for families who have been middle and upper class, we are just beginning to see the ones who were unemployed 2 years ago or 3 years ago. They lost their home, they went into rentals. They lost their rentals, they lost their income that had been put away in savings accounts. They get down to the point where they have nothing. And, unfortunately, most of them say, "I don't want to be a welfare family." Therefore, they don't go to welfare.

They arrive at our door with two or three children in a car and say, "What can we do? Can we leave our children here, and we'll apply for welfare." But, they have no address. So, they can't get welfare.

They find a friend to take them in, and the friend's landlord will not sign a paper. Therefore, they can't get welfare. And, we have families that go from park area to park area, and so on. I don't know a solution. We can keep the children for a while, but we can't find a residence for them.

The last one is of more concern to me, because it concerns hurt children. We are seeing an increasing number of children who are injured, but not seriously enough to get help. I had to send home, less than a week ago, a child that was less than 2. That little child, and I have changed things a little so that I don't identify this family, that little child had come in to us twice before. And, in those cases, the physical check over of the child produced a very normal, healthy little body for a child of that age.

The last time this fellow came in, he had 18 to 20 bites, skin abrasions, bruises on his legs, arms, buttocks, and back. We noticed these. There were also bruises, around bites there were some infected bites. And, he was running a low-grade temp. We couldn't locate his parents for a while. The address she gave was no longer available. The hotel room was out after money because she had not paid her bill, and so on and so forth.

We made a report to Social Services, and they did come out and check. But, the cases are so severe and the type of abuse and neglect that is happening is so severe. And, the wonderful reporting laws that have come down don't have the money to back up the services. So, we choose the ones that are most severe. For 14 days, that parent did not visit, or see, or talk to the child. We received four phone calls, three of which we had tracked down the parent to get the phone call. He never got medical attention, because his temperature went away. Therefore, Social Services could not work on this case.

The bruises, abrasions were not serious enough, at this point, to do anything about it. And, at 9 at night, 2½ hours after this baby was asleep and in bed, the mother came and demanded the child. We have no recourse. We had to give the child back.

When the child gets seriously enough injured, that child will get help.

One other case, and I won't go on with all the others we've had. A little boy—I put it in the testimony, the other one has come up since. A little boy came to the nursery with scratches and abrasions all down his back. There were definite fingernail marks. They were scabbed over. They were healing. The parent called me three times before we could finish giving the child breakfast, since he came in early, and get him to the bathtub to clean him up and check him in, and wanted to know if I was going to call the police on her. And, we said, "Oh, no. As long as you bring a child in before you hurt them, you don't have to worry. We're not going to call the police." And, she kept saying, "Well, that's good, because I would never hurt him."

And then, we saw all these claw marks. We called in CPS, we called the mother, told her we would work with her. That she obviously was asking for help, and we were willing to give it to her.

The police came in and said, "Look, we have four files on this woman in 1 year. She has beaten the child up twice and the neighbors reported it, a waitress reported when the child was being jabbed with a fork under the table. And, she tickled the child too hard once before and scratched him all over the back, just like she did this time." They took pictures. Of course, they must talk to the child, because child care providers are not considered OK for the recommendations. You must have a Ph.D. or an M.A., or whatever. And, the child did not want to give too much information. The child had never met them before.

And, 48 hours later, they turned the child back to the parent, because the damage was not serious enough, the child did not say enough, and the mother could voluntarily accept services or not. I receive on the average of one call a month from that mother saying, "He's all right, really he is. But, can I bring him in?" And, our answer is "Yes." And then, she says, "Well, I can't, because

you'll report me again." And, I keep saying, "Not if he's all right." "But, I said he was all right last time and you reported me." And, we go on and on. It's not poor workers, it's not inability of the worker to relate to the child and family. It is too many cases and not enough services to carry out the laws that you are making for reporting, that the States are making for reporting. And, we have—we have great results with 90 percent of our families. But, the last 10 percent, I am concerned about. And, those are the ones I would like you to address in your efforts to correct these situations.

Thank you.

[Prepared statement of Sister Ann Weltz follows:]

PREPARED STATEMENT OF SISTER ANN WELTZ, DIRECTOR, BAY AREA CRISIS NURSERY, CONCORD, CA

I am Sister Ann Weltz, Director of the Bay Area Crisis Nursery in Concord, California. I appreciate having the opportunity to address this select committee on Children, Youth and Families today, to share with you some of the experiences of our agency in providing quality child care for Bay Area families who are in crisis. My comments and concerns will be based on my experience as the founder and director of the Bay Area Crisis Nursery which has been in operation for three years.

THE BAY AREA CRISIS NURSERY

The Bay Area Crisis Nursery is a non-profit, residential care facility which provides a temporary home for infants, toddlers and preschoolers of parents who are momentarily unable to cope during a time of stress. Families come to the crisis nursery for many reasons. Some are having difficulty parenting; others are fearful of abusing their child; they may live in an unsafe environment; have a mentally or physically ill spouse; be unemployed or without housing; others are experiencing marital problems; some are battered and need to relocate; some have drug or alcohol problems; many are single parents without a support system; a few have recently moved away from family and friends. In each of these situations, the Bay Area Crisis Nursery can provide a warm and loving environment for the child.

The nursery is always open—24 hours a day, seven days a week. The child lives at the nursery and receives good food, clothing and loving care. The parent, temporarily relieved of child care, is free to work things out, is always welcome to visit during daylight hours and can reunite their family as soon as the difficulty is resolved. The Crisis Nursery will assist families in the process of rebuilding their lives. Staff members and/or a counselor can help families locate other needed services.

All services are free, confidential and voluntary. Social Service Protective Services cases are not handled by the Crisis Nursery. Only voluntary admissions by the parents are taken. Any parent who comes to the nursery during time of stress or crisis will be served; there are no geographic limits. The minimum stay is 24 hours; the average length of stay is 10 or 11 days; the maximum stay depends on time needed to resolve the crisis but is usually no more than 21 days. There is absolutely no cost to the parent. At present this service is only available for birth through five year olds. There is a tremendous need to extend the service through the age of eleven.

THE ROLE OF THE CRISIS NURSERY IN PREVENTING CHILD ABUSE

Most parents do not want to hurt their children. Child abuse doesn't happen as a planned event in the life of a child. Usually child abuse occurs only during times of stress or crisis. When abuse occurs usually three things are present: the child, the parent and the crisis. The child is often seen as a problem in the eyes of the abusing parent. Although this child may be different or difficult often the child is perfectly normal. The parent frequently has a poor self-concept, usually they have been abused as children, some are isolated or feel isolated, others are in the midst of a very stressful situation. The crisis can be something as tiny as a spilled glass of milk or as important as the loss of a job. What ever the event it is too much for the parent under stress to handle. The parent strikes out and the child is injured.

The role of the crisis nursery is to provide a way for the parent to remove the child from the situation. The crisis nursery provides a safe place for the child so

that abuse cannot happen. Without the child in the home the parent is free to work out a solution to the crisis situation.

THE ROLE OF THE CRISIS NURSERY IN WORKING WITH PARENTS

Parents who come to a crisis nursery have recognized to some degree the danger to the child in the crisis situation. If they don't see the danger they at least realize their inability to cope with child care and the crisis situation. The staff of the crisis nursery works on this positive step taken by the parent who admits their child to the nursery. The staff and parent together draw up a plan to solve the crisis. Frequently the parent has a plan in mind. If the parent has no plan in mind or their plan is not working out the staff helps research options for the parent. Counseling can be provided by a Child, Family, Marriage Counselor at no cost to the parent. Staff refers out to other community agencies problems with housing, employment, parenting or substance abuse.

Staff at a crisis nursery must have the ability to stay calm. With parents they must be non-judgemental, have the ability to listen, be understanding and always encourage the parent to actively seek a solution to the crisis situation.

THE NEED FOR CRISIS NURSERIES

The Bay Area Crisis Nursery has been open for only two years and ten months. In this time there have been over 800 admissions. The need for crisis nurseries can be seen in the use that is made of the facility. The maximum capacity of the nursery is 15 children.

CENSUS REPORT[1] [2]

(January 1, 1983 through December 31, 1983)

Area served	Number of admissions	Percent of admissions
A. Contra Costa County	196	69.5
(1) East County	(53)	(18.8)
(2) Central County	(129)	(45.7)
(3) West County	(14)	(5.0)
B. Alameda County	62	22.0
C. Other Counties	24	8.5
Total number of admissions	282	100.0

[1] Average Daily Census—9.3 children
[2] Average Length of Stay—12 days

In the census report you can see that the Bay Area Crisis Nursery is on an average 3/5ths filled. There are times in which we are over our limit and need to make other arrangements for the family.

One of the basic goals is to allow for contact between parent and child during a stressful time. We require visits and calls by the parents. During a time of crisis the child needs to be reassured that he/she is not being deserted by the parent. As can be seen in the report the greatest use of the nursery is found in Central Contra Costa County where the nursery is located. The use of the nursery by each area relates directly to the closeness and the ease of transportation. The ideal situation would be to have many crisis nurseries spread throughout the area so that no one would be too far from help and parents will be able to keep proper contact with their children.

FUNDS TO OPERATE THE BAY AREA CRISIS NURSERY

The Bay Area Crisis Nursery is essentially a public service and, as such, has no fixed source of income. Since opening in 1981 it has successfully operated on contributions from concerned individuals in the community.

The nursery operates at approximately fifteen thousand dollars per month. The best way to understand where this comes from is to look at the donation income for the first quarter of 1984. Individual donations including pledges and memorials accounted for 66% of the income; Clubs, Organizations and Churches accounted for 20%; Corporation and Foundation grants equalled 4% of the income; inkind donations equalled 8%; and interest income accounted for 2% of the income.

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We do not have any steady income, we depend on community support. No federal, state or county funds have been used to operate the facility during the past three years. Our paid staff is minimal. There are two child care workers on duty at all times. I, as the director, am the only paid administrative person. We depend on volunteers for all yard work, secretarial and repair work.

During 1983 we were operated by donations from seven Foundations, thirty-two companies or corporations, ninety-three clubs, organizations or churches, 2,115 individual cash donations and 9,021 hours of volunteer child care services.

The Bay Area Crisis Nursery truly belongs to the community which it serves. Our community is good to our children. The needs of the children living at the Bay Area Crisis Nursery are always fulfilled simply by making the community aware of the needs.

CONCERNS FOR CHILDREN AND FAMILIES

There are three problems that bring families to the Crisis Nursery which produce frustrations for the staff, failure for the parent and often leave the child in an unsafe environment. They are of great concern to us.

(1) A mother arrives at the nursery she is on welfare. Possibly she has been living where drugs or alcohol abuse has produced an unsafe environment or often she comes from a battering situation. Finding out about the nursery has given her the courage to leave an unsafe situation. She goes to a shelter or lives with a friend. Many applications are filed but preference is usually given to "stable," non welfare families. In some counties low cost housing involves a six month to a year wait. After many frustrations and failures the mother with child returns to an unsafe environment. For some parents the effort to leave, the frustration and failure, and eventually the return becomes a way of life. For the child this pattern, the violent unsafe environment becomes the normal way of life often to be repeated throughout their life.

(2) A mother and father come to the nursery with three small children. Their story is familiar. The father has been unemployed for over a year now. At one time they were employed, buying a house and generally living an upper middle class life. After the father lost his job everything changed. They lost their house, they used their savings (if any), they sold their furniture, and of course with loss of job came loss of health benefits. Sometimes the illness of a family member drains their resources even faster. Finally, the unemployment runs out and the family turns to the streets. When they finally decide that welfare is their only option they find that without an address welfare is not available. The options are not good. Some families wander—their families lack proper food, clothing and medical attention. Some families split up, mom and dad find friends to live with and children enter the foster care system. Some families find places in shelters—often in areas they fear.

(3) A parent arrived with a four year old. During the admission scratch marks were noted on the child's back and buttocks. When the parent was asked about the scratches which were now scabbed over and healing, she said that she was playing with him and tickled him too hard. As required by law a report was made. We learned that several other reports had been filed during the past year. This little boy had received slight injuries each time from beatings, from rough play and from being poked with a sharp object. Pictures and police reports had been made. In 48 hours we received word that nothing could be done—the injuries were too slight. The mother and child have never returned to the nursery. Voluntary services were offered and accepted however, and every so often the mother calls. She keeps wanting me to know that her son is not being hurt anymore. She wants to bring him back but she is afraid we will report her. I took Christmas gifts and food to her. She insisted that I look in the refrigerator and the bedrooms to see how well her son is cared for. The rooms were clean and neat. The mother was dressed like the son in tanktop and shorts. They were barefooted. It was cold and rainy that day. This child is in danger but to get help something more needs to happen. The social worker and police handling this case were good concerned workers but choices have to be made and many other cases which were more serious took priority. My reporting put a barrier between the parent and the crisis nursery; by state law I would in a similar case be required to again report, even though I know the report closes the last option for this parent.

SUMMARY

I appreciate the opportunity to share with you the role of a crisis nursery in the prevention of child abuse and the support of families in stress. Certainly prevention and support services are more cost effective than waiting till something happens

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and paying the cost of care, rehabilitation and support for the disabled family. I would ask that you look carefully at the three concerns. Welfare and housing are major issues in helping families in stress or crisis survive. They need to be enabling not disabling systems.

Reporting abuse is absolutely necessary however, it is harmful if the services are not available to protect the child and help the parent. Supportive services to abusive parents and their children; prevention services to break the cycle of violence and abuse should have priority in the budgeting process.

Chairman MILLER. Thank you very much, Sister Ann. [Applause.]

As an aside I had the honor, many years ago, when Sister was still teaching but considering starting the Crisis Nursery. So I've seen it grow. And, to meet this need is really a very rewarding experience and a tribute to everybody who has helped make that center go.

The testimony of this panel, I think, points out a very difficult problem for policymakers at this moment, when we're confronted with charges of abuse within centers, founded or unfounded. And clearly, the *Manhattan Beach* case is the most severe recently in California. At the same time, we see a center such as the Crisis Nursery which is there to prevent abuse from taking place in the home, and to provide an outlet for those parents that feel that they're about to visit violence on their children, to have a place to go.

And, as we confront child care policy, this becomes a very difficult problem. I must say, I've tried to suggest that child care can meet a number of the needs that policymakers have to address, some of the problems that confront us. But, right now, I think there is a great deal of concern and a tremendous reaction, especially in this State at the State level where those kinds of laws are made, that I think is going to provide even more regulation, even more difficult gamuts to run to the providing of child care. But, it's not abstract, it's real. And, I guess it has to be met with.

Michelle, in your testimony, you mentioned the *Manhattan Beach* case, and the impact that it had on you. It's been testified here as to the anxiety that's being raised for parents looking for care. Has that happened to other people, friends of yours that are looking for care?

Ms. WALKER. Yes. Basically, most of the people that I have talked to have really expressed panic. A strange urge, need, desire, what do they do? What do I do?

This type of situation is going on, and it probably has been going on for a long time. But, how can I make sure that I can protect my child? Or, what can I do to prevent something like this from happening and going on for such a long period of time?

I haven't seen a great instability in the parents that I've worked with regarding the *McMartin* case. I'm sure that they are upset and disturbed by it. But, the need for child care is so great, it's just so demanding, I think that they try and find other ways to deal with it, other than panic or take their children somewhere else. There are some good providers left, there are still some that care. I am a child care provider who cares and I enjoy the work I do with children.

I think our parents feel more secure with us as teachers because of the rapport we have with them. We're open for any type of communication, any problem that they might have or they might need

to talk about, we're there as teachers and friends. They know that, and I think that has kept them from losing their cool regarding this type of incident.

Chairman MILLER. Sister Ann, you've mentioned a couple of cases where children periodically abused have been brought to you. But, your testimony leads me to believe that there are also parents who bring you the children before they abuse them, and have used this as a preventive facility.

Sister ANN. If most of our families did not come before abuse, I would close the doors, because I could not take returning children like the cases I have mentioned. Most of our parents come to us because they do not want the child in a situation that is not healthy. And, it's not always that they would abuse them if they stayed there. It's that they can't provide for them and they know they need to be able to provide for them.

Most of our families are that way. About 7 or 8 cases in 2½ years out of 850 some children have been abused before they have come. The rest have not.

Now, there are things that we don't recognize as abuse, and you see it in the reactions of the children. But, when a parent comes to you, they want help. They're not there because they want to get rid of their child at the nursery. This is a temporary place. And, we do find resources, or we do find someone to help. Most of our parents are very willing. They want to help the child. They want to do the best thing for that child and for themselves. And frequently, day care is not available. And, that is one of their big problems. How to provide financially, and good care for the child go hand in hand.

Mrs. BOXER. Thank you. Sister, you are doing God's work, as they say. There's no question about that. Because, I think what you're doing falls into the area that is most neglected by those in government, which is the preventive part. Prevention, that's the key. If we can prevent drunk driving, we can prevent deaths. If we can prevent child abuse, we can prevent all the horrible ramifications of it.

So, you are doing that. And, you are a real model program. My question to you is, do you know of any other programs like yours in the State or across the country?

Sister ANN. I worked as the assistant director of one in Tucson, AZ for 2 years ahead of coming here. The reason I came back here was that, when I left to work at a program such as this, everybody said, "Why go there?" Because, basically, I knew nothing about it. When you start with no money and run with no money, you need to learn how to do it. And, it's simple. You go out and ask. [Laughter.]

There are also other places that are called crisis nurseries that I have tracked down. But, most of them are not yet full programs of crisis intervention. They are either limited hours, or they are under a Government or State sponsored program which changes the nature of who can use them. Respite, for example, on the new program, can be a maximum of 48 hours, because that is respite as defined by the State. Forty-eight hours is not going to get a job, or a healed body. It might get time out for a parent already working to recover. But, if you need a house and a job, if you need child care, if you need your spouse healed, if you need marriage counsel-

ing, 48 hours doesn't give you time to look a resource up, let alone use it.

Mrs. BOXER. So, basically, you don't know too many other programs such as that? I'd like to suggest that we do utilize the results of your program, because you hear many people say that instinct sometimes—the instinct to do damage to oneself or someone else is to just get on top of that, break that cycle that first time, reach out, it can turn around. So, I'm very excited with that.

Sister ANN. And, we do see that a lot of parents who come to us recognize that they were abused all the way along. And, they don't want this for their children. It's not a cycle they stay in because they want it. It's a cycle they stay in because they can't get out of it.

Mrs. BOXER. I'd like to just direct some remarks and ask a question to June and Vivian, and say that I know it took a lot of courage to say the things that you have said regarding, perhaps, the backlash that the media may be fostering. I was thinking about my own experiences, which I allude to. And, we all come from our own experiences. And, I had nothing but beautiful experiences with child care, ever since my kids were in pre-school. And, I was thinking that one of the things that kept it that way was the parent involvement in all of the programs that I was involved in. Alone you can't do it; you don't have the time to do it. But, working with everyone within the program, creating that kind of overseeing of the program, I found to be incredible—also having boards of directors that include the parents.

And, we're going to hear, later, from one of my very favorite friends in Marin County, who has done that in a low- and moderate-income child care center, by involving the parents.

So, I want you to think about how that could be sort of a positive solution to your problem. But, on the other side of it, perhaps, coming out of the media, working for both the press and radio, I feel that they are doing a service in what they're doing. And, I want to talk a minute about it.

I feel that for every one incident that they are exposing, there are many more that are going on. It's just the nature of the way it is in the world. When we get one letter from a constituent, we're told that reflects 400 people who didn't take the time to write the letter. So, I think that when these incidents are coming forward, I agree that they're isolated incidents, but they may not be as isolated as we would like to think. And, I think, after we enter into this new era of the need for child care, we have to take the good with the bad. And, we can't turn our backs on what could be the bad. And, to me, there is nothing more vulnerable, and I know you totally agree with this, as a little child or a very old person. Because, these are the most vulnerable in our society.

And, unfortunately, there are people that may abuse that fact. And so, I think that we have to accept this. I think the media is also focusing on abuse in the home. As a matter of fact, Congressman Miller had the producer that produced that film, what was the name of the film?

Chairman MILLER. Something About Amelia.

Mrs. BOXER. Something about Amelia, looked at child sexual abuse in the home. That got massive nationwide attention.

So, I don't feel that the media is not focusing on that. I think they are focusing on both. I think the issues you raised today are very important. I think the points you make are very important. And, I think what we ought to do is look at a solution. And, I'd like you to respond to my sort of temporary solution of involving the parents and the board of directors in a child care situation. Maybe you could respond to that.

Mrs. SALE. Well, we do do that. The parents are involved in many different ways in our center and in many centers. I think that does give parents a feeling of security to know that parents may drop in whenever they wish, that parents do make decisions about curriculum, and that they are involved in the hiring of personnel. Yet despite, all the involvement, there is feeling of "When I walk in and see someone holding my child, what is going on?" It may be a very trusted member of the staff, but there is a nagging doubt that has been planted in the minds of parents.

The McMartins have not been tried yet in Los Angeles. Legally, that is. To even raise this issue is pretty daring at this point. Because, I think they have been tried by the media and have been found guilty. As a civil libertarian, I do feel that civil rights are being threatened. All people have a right to a trial free of prejudice.

I agree with Sister Ann that I think there is a tremendous amount of emphasis on reporting, and really not enough service once you do report. In our center, we do a lot of prevention. Just based on my own years of experience, I think that what we're doing, is prevention. Because, I think working parents are facing a difficult period now. They must be parents, workers, housekeepers, and 50 other things, as well. And, they're supposed to do them all well.

I do believe all parents need support. Not just parents who abuse their children. It would be much easier to raise money for my center if I were to say I was doing child-abuse prevention. It would be a natural for a fundraiser. I don't like to do that. I don't like to label people. Unless we all decide to go around with armbands and say we're all potential child abusers, which, according to the literature, is true.

It's very difficult to raise money for healthy, normal children. We don't provide adequate funding for children in this country. I don't agree with you on the way the emphasis on child abuse has been conducted in our country. Certainly it is useful to point it out. But, then, let's get down to how we can prevent it and how we can support the families that really need support, and get it to them whether they say they're child abusers or not. Why is it necessary to come forward and say: "I'm a child abuser" to get help? Even when a parent confesses, help is not easily found.

VOICE. Not very easily.

Mrs. SALE. Not very easily. But, a parent may at least get some help. Priority is given in State-subsidized programs if a parent is identified as a possible child abuser.

Chairman MILLER. Congresswoman Burton.

Mrs. BURTON. I'll ask this question. Doctor——

Chairman MILLER. Vivian, do you want to respond?

Ms. WEINSTEIN. Because you are the Select Committee on Children and Youth and will be, hopefully, making recommendations for policy, I need to say that the greatest abuse I see of children is poverty. [Applause.]

In the community in which I spend my working days, children are being abused constantly, because they don't have enough to eat, because there are 30 children and adults living in a three-room apartment. Even in Los Angeles, it does get cold in the winter time. And, there is no heat. There is no medical care, or medical care is constantly being cut. Pregnant women have difficulty getting prenatal care. It's no longer free in Los Angeles. The fee is $20 a visit up to $120 for prenatal care.

As a result we have children who are being born handicapped or low birthweight. We know how to prevent those problems, but we are not. Therefore, first and foremost, when I think about abuse, I think about that kind of societal abuse against children. The need for a policy for families that starts with basic support for families is the best kind of prevention of harm to children.

That is No. 1. But, the absence of good child care is abuse of children as well. Whether we are talking about the latchkey kids or talking about the fact that parents put their children in a center that they are uncomfortable about because they have no alternatives.

In Los Angeles, we are told the story of a center that was closed about 4 years ago in Highland Park because there was suspected pornography activity going on. One of the parents reported that she was aware of this, her child had told her. She listened to the child, she believed the child, which is one of the things parents are told to do now. Listen and believe your children.

Then, she spent 2 weeks trying to get another child-care center, couldn't find one and put the child back in that same center. It was either staying on the job or leaving this 3-year-old at home alone. I mean, no alternative.

Lack of care is the big abuse. My concern about the media hype on abuse in child care is that it focuses on the wrong things and the people who make the policy get off the hook. They can then say: "If parents only looked after their kids, if parents were only good to their kids, if parents fed their kids properly, and so forth, we wouldn't have any problems." But, for large numbers of parents, the parents that Sister is talking about, that don't have a place to live or don't have the basic necessities, the pressure and tension sometimes results in the parents lashing out at the most vulnerable. The President isn't lashable by these parents. [Laughter.]

So, you lash out at the child who is there. Broad societal approaches are urgent for the welfare of children. Parents cannot do it alone. It is not even always a question of economics.

The United Way in Los Angeles did a report on child care. They surveyed a large number of people in the income level above $25,000 a year. Only 13 percent of the parents responding said that they were able to get the child care of their choice. In other words, 67 percent said they had to settle for whatever was available, not the child care that they preferred.

It isn't even the question of the economic ability to pay, when you're talking about child care. There just isn't enough of all kinds and types of care available. It seems to me, somehow, that is the big task to place before you: The broad societal concern for the protection of our children that is required. To again place the problem back on the backs of parents will not and cannot solve the problem.

Mrs. BURTON. Dr. Weinstein, you've answered my question before I asked it. I was going to say that a sign of the times is that where people are in poverty, parents must work, and their children need a place to stay. I don't know who wants to answer this question. Perhaps Sister Ann or Dr. Weinstein, or anyone.

Do you think the insecurity of this world right now, nuclear weapons and all that, results in an increase child abuse?

Mrs. SALE. Absolutely.

Sister ANN. Yes, except that some of the families we deal with couldn't care less about what's happening there, because they have basic needs. And, one of the things I thought of when Medi-Cal was mentioned, I think is very important. About a year ago January, they took off of the Medicare payments all ointments. And, many people applauded that, because after that, women who were doing things facially and so on and so forth couldn't get it covered by Medi-Cal. But, they never thought of the elderly, and they never thought of the infants.

And, any parent who has raised a child knows that when a yeast infection comes, nothing will clear it up except particular ointments that are prescribed. We have had parents bring children because they couldn't clear up a yeast infection or find the money for a $30 tube of ointment.

Now, they could get a small one for $8, $9, or $10, for a couple of days. But, this good changing of the law to save money put families in jeopardy for lack of things that simple and that basic to babies. And, the elderly, they say, we're at the same end of it. They couldn't clear up skin conditions that could become serious. If they got bad enough to be hospitalized, they were fine.

Mrs. BURTON. Do you find that the parents who've been abused are more likely to abuse their children?

Sister ANN. No, some parents find ways not to. And, our nursery is one way that some of them find. But, an awful lot of the children who do get abused, it is found that the parent has been abused all the way along. The pattern is repeated.

Mrs. BURTON. You would think it would be the opposite. It's a strange phenomenon, isn't it?

Sister ANN. Not if you are in a very stressful situation, and the only way you have seen your parents work out that stressful situation is to completely go overboard in frustration and hit out at children. You try everything else. You know, I've even had mothers call me who have locked their children in the bathroom, put chairs in front of the door and said, "I don't know what to do. I can't go in there to get her out, and I can't calm down. What do I do?"

And so, we try to get them to get, even, a taxi cab driver to come to the door before they take the child, or a friend who can come in and bring the child with them.

Mrs. BURTON. It seems to me that the parents need help in this instance. How much help are they getting, in terms of psychiatric

and psychological help? That's another issue that we have to talk about, don't we?

Sister ANN. We have to find people to treat them free, unless we can validate something having happened. The ointments and stuff I mentioned about, we have found some pharmacies that will give it free. But, what good is that? We want the family together, not coming to us so they can get the ointment so they can go back home. The system needs to be changed so they never have to leave the home.

Mrs. BURTON. Thank you very much. I think I have a million questions, but I won't do that now. Thank you.

Chairman MILLER. There were those who said that the select committee's work would be done in a year. [Laughter.]

I think we've found out that that's not true. Thank you very much for your time and the effort you've made——

[Applause.]

To come and talk with the select committee. I think your testimony has been outstanding and terribly informative to the committee members.

Next, the committee will hear from a panel made up of Mr. Richard Fidler, who is the director of personnel for Zehntel Corp., in Walnut Creek. Louise Rush, who is the director of Employer Related Child Care Project for the Contra Costa County Children's Council from Concord. Marcy Whitebook, who is the director of the Child Care Employee Project out of Berkeley. Ethel Seiderman, who is the director from Fairfax/San Anselmo Children's Center; who will be accompanied by Hope Stewart and Binh Vong. And finally, Fonda Kravin, who is the executive director of Community Cooperative Services of Reno, NV.

Welcome to the committee. We appreciate your time and effort to come over and share your experiences and your thoughts with the committee. As with the previous panels, your written statements, if they're longer than 5 minutes, will be included in the record in their entirety. And also, we'll provide—we try later on to provide a little bit of leeway. If there's something that was said in the previous panels that you think is important to comment on, we think that you should certainly be able to do that. Richard, we'll start with you.

You can pull the microphone over to you so that people in the back can hear.

STATEMENT OF RICHARD A. FIDLER, DIRECTOR OF PERSONNEL, ZEHNTEL CORP., WALNUT CREEK, CA

Mr. FIDLER. Good morning. My name is Richard Fidler, and I'm the director of personnel for Zehntel, Inc., a medium-sized electronics manufacturing company located in Walnut Creek, CA. I appreciate the opportunity to address you this morning concerning an issue which has or should have great importance to business.

Since I have only a few minutes to tell you hours of history, thoughts and ideas, I'll jump right in.

This morning, I would like to briefly tell you about the starting of the Shadelands Children's Center, the first nonprofit, business-sponsored child care center in the San Francisco Bay area. Then,

I'd like to suggest a few ways in which government, at all levels, could help stimulate the construction and expansion of high quality, convenient and affordable child care centers throughout the United States.

The Shadeland's Children's Center was conceived in an employees meeting at Zehntel. We often hold such meetings in order to fully understand the needs of our employees. The management receives an understanding of what it is doing right and what things, policies or whatever need improvement. In the summer of 1981, an employees meeting was held in which one employee mentioned that she was in fear of being fired due to a severe attendance problem. She was having difficulty obtaining reliable and affordable child care and was missing a lot of work when her babysitter couldn't make it or when her child had minor illnesses. This comment led us to explore the child care problem which existed with many of our employees.

I believed it would be simple, all we had to do was convert an unused office into a child care area. Right? After all, that's what they did in Nine to Five. Wrong. I'm sure I don't have to tell you of all the licensing requirements in this State when it comes to setting up child care centers. These statutes requiring the number of windows per square foot of indoor space and determining the amount of outdoor space as related to the amount of indoor space are fine, for they help establish quality centers. However, these requirements also make it nearly impossible for most businesses to easily adapt current buildings to child care usage.

At any rate, it was obvious that Zehntel would have to search off-site for a center which would make the expenses go up significantly. At this point, we hooked up with Louise Rush from the Contra Costa Children's Council, who helped us plan our center and who also encouraged us to contact other local employers to see if we could establish a child care center to benefit the businesses within our office park location. In December 1981, we held our first informational meeting for about 15 of our neighbors. There was enough interest generated so our search for an applicable site was launched. We first looked for space within the office park, but just the land, at that time, was selling for about $22 a square foot, which made the idea ridiculous unless we could get a developer to donate the space. None did, so we then took our search outside of the park to neighboring churches, single family homes and schools.

After about 6 months of searching, we were able to convince the local school district to lease us an abandoned elementary school about one mile from the Shadeland's Office Park. The school was perfect, for the kindergarten classrooms could pass the licensing requirements with very little renovation.

Then came the next phase, which I label, "Welcome to the land of red tape." First, the school district wanted to lease the space to us for more than what they leased classrooms to other nonprofit organizations, which caused some hostilities to grow to the point where, in our lease with them, there was a clause stating that we would have 15 days to leave the school building if I made any public comments about the school district.

Second, the neighbors around the abandoned school tried to block us from using the school, as they believed it would cause a

traffic problem. The Walnut Creek Planning Commission would not grant us a use permit for the space, so we had to go directly to the city council to get the permit approved. There were a number of other annoying, time-consuming delays in starting the center, but the biggest problem was membership.

There is always resistance to new ideas, but what we faced in trying to stimulate membership in the Shadeland's Children Center was absolutely ridiculous. We developed three or four membership plans in order to entice businesses into membership. We figured that it would take somewhere between $60,000 to $100,000 to open the center. Our initial plans called for opening with about 48 children, ranging in age from 6 weeks to 5 years. We started by trying to sell percentages of the school to businesses, a good old business idea.

In other words, we needed to raise a minimum of $60,000. If a business gave us $6,000, they would own 10 percent of the school. If we started with 48 slots, they would control roughly 5 or 10 percent of those spaces. As the school grew—it could grow, eventually, to over 200 spaces—the businesses would still retain about ten percent ownership, and could sell off unneeded slots to other individuals. This rather unique plan only generated four interested parties; Zehntel, of course; Safeway Stores Supply Division; Lesher Communications; and the city of Walnut Creek.

We were able to raise only $30,000 from these four businesses, which was only half the needed amount to start, and only half of the slots would be filled by these organizations. We needed more kids, because the school was designed to break even only at full enrollment.

To further complicate matters, the school district was getting nervous about letting us lease the space, and gave us an ultimatum to either lease the space starting May 1, 1983, or forget it. To make an already long story short, we decided to abandon the membership plan, allow the community to enroll, and take the space starting May 1, 1983 with the hope of attracting other businesses once we had a tangible item to sell. Unfortunately, we were never able to get other businesses involved, which caused a severe cash flow problem.

On June 6, 1983, as President Roosevelt would have said, a day that will live in infancy, the Shadeland's Childrens Center opened with one six and a half week old kid. Three months later, we had 105 kids on our waiting list. The program, although underfinanced, was a success. Three of our four initial goals were met. The program was of high quality, it accepted infants, kids under 2 years of age, and it was convenient to the businesses. The problem was affordability. We had planned to subsidize the tuition with some of the startup funds from the businesses, but as was mentioned earlier, we were not able to convince other businesses to join.

We were almost out of debt when the crowning blow came in April of this year. The school district would not renew our lease, as they wanted to sell the school to provide money for maintenance on its other operational schools. With no other place to go and the lack of funds to move, we unfortunately had to close our dream the first of this month.

Although we know that business sponsored child care centers make good sense for business, it seems to me that something is necessary to stimulate business decision makers. My experience was that there was a lot of interest in child care centers at the personnel level, but once on a higher level, the idea was rejected. The reasons for rejection were:

No. 1, benefit not applied equally to all employees.

No. 2, don't want to start a new benefit that will only escalate with time.

No. 3, if we do it here, we'll have to do it for every location we have.

No. 4, women should not work anyway!

I believe the same idea should be applied to business sponsored child care centers as was applied to this country's energy problem, tax incentives. I know a lot more businesses would see the light about child care centers if they had a direct tax incentive on money contributed to start them. We certainly saw a lot more houses insulated when there were tax credits available to the home owner. I'm sure we would see more quality centers if businesses were given a positive tax treatment for money used on startup efforts. And, as with energy tax credits, they could be phased out as businesses discover the advantages of providing some sort of child care benefit.

Also I believe something has to be done at the local level. If each business were taxed $5 to $10 per employee per year, that would amount to an incredible amount of money that could be used to sustain or subsidize local child care centers. Again, I believe this should be done at the city or county level. If this type of program were instituted at the State or Federal level, I think the bureaucracy would counter balance the good of the program. Keep it local and keep it simple. Let each locality decide how or even if it wants to subsidize child care.

Besides direct tax credits to businesses who start up centers and local sustaining or subsidizing taxes, I believe cities and counties need to set aside public and/or private land for child care usage. Developers of new office parks and housing tracts should be required by local code to designate a certain percentage of property for child care. Public land that comes available should be looked at closely before being sold off to developers. The solution to our child care problem starts with available and conventiently located land.

In closing, I'm proud to have been associated with the Shadeland's Childrens Center. It was a venture which took considerable patience, yet was certainly worth the effort. The project was a success. The parents who had their children in our center recognized the quality of the program, and battled to keep it open. One tearful parent commented, as we held one last parent meeting, "At least we now know what a quality child care program involves and we can demand the same quality in our next child care experience."

We need your help to stimulate businesses with direct tax credits for starting child care centers so employees everywhere can rest assured that their children are in a convenient, reliable, affordable and, most important, a quality child care center. Thank you.

Chairman MILLER. Thank you. Louise. [Applause.]

[Prepared statement of Richard A. Fidler follows:]

PREPARED STATEMENT OF RICHARD A. FIDLER, DIRECTOR OR PERSONNEL, ZEHNTEL CORP., WALNUT CREEK, CA

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There is always resistence to new ideas, but what we faced in trying to stimulate memberships in the Shadelands Childrens Center was ridiculous. We developed three or four membership plans in order to entice businesses into membership. We figured that it would take somewhere between 60 to 100 thousand dollars to open the center. Our initial plans called for opening with about forty-eight children ranging in age from six weeks to five years. We started by trying to sell percentages of the school to business. In other words, we need to raise a minimum of 60,000 dollars, if a business gave us 6,000 dollars they would own 10 percent of the school. If we

started with 48 slots they would control roughly five of those spaces. As the school grew (it could eventually grow to over 200 slots) the business would still remain a 10 percent owner and could sell off unneeded slots to other individuals. This rather unique plan only generated four interested parties, Zehntel, of course, Safeway stores supply division, Lesher Communications, and the city of Walnut Creek. We were able to raise only $30,000 from these four businesses which was only half the needed money to start and only half of the slots would be filled by these organizations. We needed more slots because the school was designed to break even only at full enrollment. To further complicate matters the school district was getting nervous about letting us lease the space and gave us an ultimatum of either lease the space starting May 1, 1983 or forget it. To make an already long story short we decided to abandon the membership plan, allow the community to enroll, and take the space starting May 1, 1983 with the hope of attracting other businesses once we had a tangible item to sell. Unfortunately we were never able to get other businesses involved which caused a real cash flow problem.

On June 6, 1983, a day that will live in infancy, the Shadelands Children's Center opened with one 6½ week old kid. Three months later we had 105 kids on our waiting list. The program, although underfinanced was a success. Three of our four initial goals were met. The program was of high quality, it accepted infants (kids under 2 years old) and was convenient to the business. The problem was affordability. We had planned to subsidize the tuition with some of the start-up funds from business but as was mentioned earlier we were not able to convince other businesses to join.

We were almost out of debt when the crowning blow came in April of this year. The school district would not renew our lease as they wanted to sell the school to provide money for maintenance on its other operational schools. With no other place to go and the lack of funds to move we unfortunately had to close our dream on the first of this month.

Although, we all know that business sponsored child care centers make good sense for business, it seems to me that something is necessary to stimulate business decisions-makers. My experience was that there was a lot of interest in child care centers at the personnel level but once on a higher level the idea was rejected, the reason for rejection were: (1) benefit not applied equally to all employees; (2) don't want to start a new benefit that will only escalate with time; (3) if we do it here we will have to do it for every location we have; (4) women should not work anyway.

I believe the same idea should be applied to business sponsored child care centers as was applied to this country's energy problem—tax incentives. I know a lot more business would see the light about child care centers if they had a direct tax incentive or money contributed to start them. We certainly saw a lot more houses insulated when there were tax credits available to the home owner. I'm sure we would see more quality centers if businesses were given aa positive tax treatment for the money used to start up efforts. And, as with energy tax credits they can be phased out as businesses discover the advantages of providing some sort of child care benefit.

Also, I believe something has to be done at the local level. If each business were taxed $5 to $10 per employee per year that would amount to an incredible figure that could be used to sustain and subsidize local child care centers. Again, I believe this should be done at the city or county level. If this type of program were instituted at the state or federal level I think the bureaucracy would counter balance the good of the program. Keep it local and keep it simple. Let each locality decide how or even if it wants to subsidize child care.

Besides direct tax credits to businesses who start centers and local sustaining or subsidized taxes, I believe cities and counties need to set aside public and/or private land for child care center usage. Developers of new office parks and housing tracts should be requested by local code to designate a certain percentage of property for child care. Public land that comes available should be looked at closely before being sold off to developers. The solution to our child care problems starts with available and conveniently located land.

In closing I'm proud to have been associated with the Shadelands Childrens Center. It was a venture which took considerable patience yet was certainly worth the effort. The project was a success. The parents who had children in our center recognized the quality of the program and battled to keep it open. One tearful parent commented as we held one last parent meeting, "at least we know what a quality child care program involves and we can demand this same quality in our next child care experience."

We need your help to stimulate businesses with direct tax credits for starting child care centers so employers everywhere can rest assured that their child is in a

convenient, reliable, affordable, and most important, a quality child care center. Thank you.

STATEMENT OF LOUISE RUSH, DIRECTOR, EMPLOYER RELATED CHILD CARE PROJECT, CONTRA COSTA CHILDREN'S COUNCIL, CONCORD, CA

Ms. RUSH. Let me begin with my own experience developing public/private partnerships which increase and strengthen child care services. I work at the Contra Costa Children's Council, a child care information and referral agency. In 1981, we received a grant from the San Francisco Foundation to work with employers developing child care programs. Initially, I did not take the opportunity to work with other forces in the community; working parents, unions, the media, and local government. Not only do they need to know about the benefits of quality child care, but they could make or break my efforts with employers. And, we found that out in the Shadeland's experience, with all the redtape and the mishaps that occur because the local community did not understand what the employers were trying to do. So, it was a very frustrating experience, in that sense. Having been on the front lines now for 3 years, I'm convinced that only with a well designed public/private partnership approach to child care will employers and developers get involved.

I'll spend a few minutes telling you why. First, the feedback I get from the corporate sector is that child care programs will not provide a significant return on their investment at this point. Second, it's unfortunate, but the predominant corporate posture is still that child care is the responsibility of the employee. For these two reasons, the corporate sector is reluctant to get involved in establishing child care programs for their own employees. However, the notion of corporate responsibility, where corporations work with the public to tackle community problems, is becoming more and more popular. Child care is just the kind of problem that responsible corporations need information on so they can help both their employees children, as well as the children in the community in the most effective way possible.

Now, the Government has a major role in helping corporations develop this sense of responsibility around child care which, in turn, could develop into public/private partnerships. In fact, the local, State, and Federal governments have potentially more than one role. They can play the role of educator, broker, facilitator and, ultimately, role model. In California, we can be proud that I was easily able to find examples of these four role models which play such a vital part in developing public/private partnerships around child care.

The most traditional role, one of educator, helps employers understand about issues and options related to family support. This happened here in San Francisco 2 years ago when the mayor's office of child care worked with local corporations on sponsoring a conference for bay area businesses. Government can also act as a broker by helping diverse groups in the community problem solve together around child care issues. We've seen this occur with the Oakland Impact Committee, where the city of Oakland is working with their local child care information and referral agency, corpo-

rations, and the school district, to determine the city's increased child care needs resulting from redevelopment. Contra Costa County acted as a facilitator when it required developers of an 125 acre plan to address the need for child care and allow child care as a use.

The ultimate strategy government can assume is that of role model. San Mateo County deserves recognition here for taking this role. The board of supervisors collaborated with the county's unions, as well as their local child care information and referral agency, to offer child care counseling to all San Mateo County employees. And, that's just what's got to happen.

OK. So now, what the private sector really needs to see is all of these roles combined into well coordinated and funded public/private action plans. Programs should be initiated with this goal in mind. These programs will then establish the process that we need to develop to get those formal linkages between corporations, working parents, the media, unions, and local government around child care issues. That process isn't established at this point.

With the process and the action plan complete, then I would suggest inviting the corporate sector's participation and financial support. Sacramento County has tried this approach with a good deal of success.

The time has come to answer the question I was asked by the Select Committee. What incentives are necessary to encourage developers and businesses to get involved in child care? You need to establish a process and action plan that they can fit into. This won't happen until we have programs like the one in Sacramento, San Mateo, and in Contra Costa which are specifically funded for the purpose of promoting corporate involvement in child care. Statewide, where these programs are in place, we've seen progress. I urge you, lay the foundation for the public/private partnership in child care. Then, you'll have a lion by the tail.

Chairman MILLER. Thank you. Marcy? [Applause.]

[Prepared statement of Louise Rush follows:]

PREPARED STATEMENT OF LOUISE RUSH, DIRECTOR, EMPLOYER RELATED CHILD CARE PROJECT, CONTRA COSTA CHILDREN'S COUNCIL

Let me begin with my own experience developing public/private partnerships which increase and strengthen child care services. I work at the Contra Costa Children's Council, a child care information and referral agency. In 1981, we received a one year grant from the San Francisco Foundation to work with employers developing child care programs. Initially, I did not take the opportunity to work with the other forces in the community—working parents, unions, the media, local government. Not only do they need to know about the benefits of quality child care, but they could make or break my efforts with employers. Having been on the front lines now for three years, I'm convinced that only with a well designed public/private partnership approach to child care will employers and developers get involved.

I'll spend a few minutes telling you why. First, the feedback I get from the corporate sector is that child care programs will not provide a significant return on their investment. Secondly, the predominant corporate posture is that child care is the responsibility of the employee. For these two reasons, the corporate sector is reluctant to get involved in establishing child care programs for their own employees. However, the notion of corporate responsibility—where corporations work with the public to tackle community problems is popular. Child care is just the kind of problem that responsible corporations need information on so they can help both their employees children as well as children in the community in the most effective way possible.

The government has a major role in helping corporations develop this sense of responsibility around child care which in turn could develop into public/private partnerships. In fact, the local, state and federal governments have potentially more than one role. They can play the role of educator, broker, facilitator and ultimately role model.[1] In California we can be proud that I was easily able to find examples of these four government roles which play such a vital part in developing public/private partnerships.

The most traditional role—one of educator—helps employers understand about issues and options related to family support. This happened here two years ago when the Mayors Office of Child Care worked with corporations on sponsoring a conference for Bay Area businesses. Government can also act as a broker by helping diverse groups in the community problem solve together about child care issues. We've seen this occur with the Oakland Impact Committee where the City of Oakland is working with their local child care information and referral agency, corporations, and the school district, to determine the City's increased child care needs resulting from redevelopment. Contra Costa County acted as a facilitator when it required developers of an 125 acre plan to address the need for child care and allow child care as a use. The ultimate strategy government can assume is that of role model. San Mateo County deserves recognition for taking this role. The Board of Supervisors collaborated with the County's unions, as well as their local child care information and referral agency to offer child care counseling to all San Mateo County employees.

Now what the private sector really needs to see is all these roles combined into well coordinated and funded, public/private action plans. To accomplish this, follow these steps. Secure money to operate programs to develop public/private action plans devoted to child care. These programs will then establish the process needed to develop those linkages between corporations, working parents, the media, unions and local government. Then with the process and action plan complete, invite the corporate sector's participation and financial support. Sacramento County has tried this approach with a good deal of success.

The time has come to answer the question I was asked by the Select Committee "What incentives are necessary to encourage developers and businesses to get involved in child care?" Establish a process and action plan that they can fit into. This won't happen until we have programs like the one in Sacramento, San Mateo and Contra Costa which are funded specifically for the purpose of promoting corporate involvement in child care. Statewide where these programs have existed, we've seen progress. I urge you—lay the foundation for the public/private partnership in child care. Then you'll have a corporate lion by the tail.

EXAMPLES TO SUBSTANTIATE SUCCESS OF PUBLIC/PRIVATE PARTNERSHIPS IN CHILD CARE

Sacramento County

Funding.—National Association of Counties, State Department of Education, Community Block Grant money, corporations and the community.

Process.—Board of Supervisors became interested in the community, local government and private sector developing resources for children.

Called together county planners, city planners, social services, community services. Conducted 2 months of assessments.

Formed Child Care Coalition whose purpose was to educate the community about how employer supported child care could develop and expand children's services. Looked at how they could gather support financially and participation from private sector.

June 1982 Child Care Coalition decided to hold a conference to educate a tri-county region: Placer, Yolo and Sacramento. Received conference sponsorship from United Way, City Councils, Board of Supervisors, Private Industry Councils and unions for the tri-county region. Well attended conference held in May 1983.

Child Care Coalition's action plan for May 1983-84 was to meet the child care need through technical assistance, consultation and community organizing.

Products.—Child Care Coalition is conducting a needs assessment for downtown Sacramento Merchants Association. 3000 employers are located in the area. 10 companies are participating in assessment. Goal is to develop a consortium approach for the downtown businesses who want to provide a child care plan.

[1] Concept is courtesy of Dana Friedman, author of "Government Initiatives to Encourage Employer-Supported Child Care: The State and Local Perspective."

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Eskaton Health Corporation took a 10 year lease on a school site, then rennovated the site to accommodate young children. Eskaton has made an agreement with a nearby hospital to provide a 100 child care slots for their employees. Space for the community children will also be available.

County/Parent Child Care Association was formed. County employees raised $4000 through fundraising efforts to hire a local agency to establish a family day care network for County employees. Eventually the employees may work on a child care center.

City of Oakland

Funding.—Gerbode Foundation, inkind services from Clorox, Kaiser, PG&E as well as other employers with a vested interest.

Process.—Bananas, Oakland's child care information and referral agency, discussed with the Oakland City Council the impact on children's services of the redevelopment taking place in Oakland.

City of Oakland gave staff time and meeting facilities to help a committee to be formed, with Bananas direction. Committee consisted of: corporations, Chamber of Commerce, developers, City of Oakland, School Board. These representatives were called the Oakland Impact Committee.

It was determined that Bananas should do a study of employees child care needs and preferences in downtown Oakland.

Products.—Child Care Study is now complete. Bananas will write up recommendations during summer of 1984.

Contra Costa County

Funding.—San Francisco Foundation, State Department of Education and through local corporations on a fee for service basis.

Process.—Three year program, which is currently in jeopardy due to lack of funding, was set up in 1981 to stimulate the support of employers in child care. The Employment Related Child Care Program (ERCC) is a program of the Contra Costa Children's Council.*

Program provided information and advocacy services to community and corporate groups including the media, working parents, unions, city and county government, legislators, employers and foundations.

Emphasis was on developing public/private partnership action plans throughout the County. If employers wished to implement child care plans without public sector involvement technical assistance and consultation were provided, usually on a fee for service basis to help support the program.

Products.—East Bay Coalition for Employment Related Child Care was formed to help the community learn how to advocate for child care in the private sector.

Cherub Child Care Center, sponsored by employees from the Veterans Administration Hospital and Kaiser Permanente Medical Center in Martinez will open during the summer of 1984.

The Shadelands Children's Center, sponsored by public and private means, opened June of 1983. Received statewide acclaim for its child care program and model of public/private involvement. Center closed in June of 1984 due to loss of its location for child care. Efforts are still being made to resurrect it.

Developers of an 125 acre plan in Pleasant Hill have promised to hire a child care coordinator to determine child care plan for site. ERCC program is likely to receive the contract for this work since: a. no one else in the County has the experience to do the work b. The Board of Supervisors referred to ERCC as a source of consultation.

Chevron Land and Development has contracted with ERCC to conduct a child care feasibility study for their 950 acre development in Richmond.

The City of Concord has examined incentives that might encourage businesses to support child care services for the City.

ERCC has worked with several city governments to determine appropriate public/private action plans for their city.

State of California

Funding.—Federal grant

Process.—The Governor's Advisory Committee on Child Care applied to the federal government for a grant to develop a partnership with business through the State's Private Industry Council's—the vehicle which implements the Job Training Partnership Act (JTPA).

Product.—The GAC has produced a brochure which helps the PICs to understand the importance of child care support for the job trainees who will be assisted

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throught the JTPA. The money, for instance, could be given to a local child care information and referral agency which could help the trainees find and pay for child care. The GAC has received requests for their brochure from 17 states.

MEMORANDUM

To: Bud Stewart, City Manager.
From: Lydia DuBorg, LDB Assistant to the City Manager.
Date: March 30, 1984.
Subject: Options for Employer/Developer Sponsored Child Care.

This memo represents an initial report on options for employer or developer sponsored child care in Concord. It is not a final position paper on the subject. Prior to the development of such a draft policy for Council consideration, this report: (1) seeks further direction in narrowing down options for the policy approach the City is willing to adopt; and (2) provides brief summaries of what other public agencies are doing in this regard.

This report has been prepared with considerable volunteer assistance from Carolyn Garberg, Executive Director, Mt. Diablo Community Child Care, Inc. Several conversations have also been held with Louise Rush of Employer Related Child Care with the Children's Council. As the Children's Council has asked to be reimbursed for its assistance in developing a policy, we have kept these contacts to a minimum, and presently are not under contract to the Children's Council.

In the attached March 8th Redevelopment Weekly Report, staff addresses the market impact of employer/developer sponsored child care. At the time a specific policy is prepared, the market analysis should be refined.

1. OPTIONS

A wide variety of approaches to employer/developer sponsored child care would seem to be possible. We understand the City's objectives in adopting such a policy would be (1) to expand the amount of child care available to employees or residents; and (2) to make child care more affordable to employees or residents. If these are incorrect or there are other objectives, we should be informed. There are new costs involved in undertaking such an effort. If these costs are not to be borne by the parents of children receiving care, they will be passed on to the developer, the employer, or possibly the City.

We have attempted below to catergorize the major choice that need to be made in narrowing down options and developing an approach suited to Concord. We are seeking response and direction in each of these areas. Once a general policy direction in these areas has been established, staff would appreciate working with a Council Committee, possibly Human Services, to develop specific provisions of a draft policy to be considered by the full Council.

a. Does the City want to provide incentives and enter into voluntary agreements with developers/employers, or impose requirements for sharing in cost of child care services?

Examples of incentives are bonus densities (Seattle), variances for expanded site coverage (Palo Alto), public provision of facilities (Sunnyvale).

b. Does the City want participation (whether voluntary or required) from developers or employers, or both?

Participation from developers would consist primarily of a onetime involvement which may have long-term consequences if it is provision of on-site child care facilities (Pleasanton, Sacramento, San Francisco, Santa Monica, Seattle). Other development involvement includes fees paid into a fund used to provide or reduce the cost of child care (Santa Monica, Seattle). There is no mechanism for a developer to provide on-going operational subsidy to a child care program. It is only by continued development that funds or space would become available.

Participation from employers could be elicited in a number of ways. The issue of an additional payroll tax for this purpose has been raised in San Francisco. The City's main regular contact with employers is through collection of annual business license fees. An increase in these fees as the cost of doing business in Concord could be considered to increase the general fund. The City could then allocate funds on the Palo Alto model for child care. Child care providers prefer sustained funding rather than intermittant support from developers.

c. If the City wants involvement from developers, will the City expect involvement from only those developers with which the Redevelopment Agency enters into a DDA?

d. If the City wants involvement from developers, will commitments be expected from all types of projects, including housing? From all sizes of development?

e. Does the City want to administer funds generated for child care itself (decide how the funds are spent) or contract with a non-profit group?

f. What role does City want to play if on-site facilities are developed? Should the City assist in directing program start-up or assigning the operation to a provider? Developers may be willing (or required) to build facilities for child care, but they are not ready to initiate programs. Design of such facilities must be done with advice of the eventual provider.

g. If the City wants developer commitment, will the commitment be based on a formula related to future employees on-site? Who will conduct/pay for the specific assessment?

h. If the City wants employer commitment, will requirements be forgiven if an employer has an existing or planned in-house program or benefit for child care?

2. APPROACHES TAKEN BY OTHER PUBLIC AGENCIES

Some of the following information has been taken from a December 1983 report prepared by the Child Care Law Center in conjunction with its Child Care Land Use Policy Project. We have also been in direct contact with a number of the cities listed. Many of the efforts being undertaken by other public agencies are in the policy formative state, with implementation of specific projects or application of policies yet to come.

a. Irvine.—The City of Irvine is developing a city-wide plan for child care delivery services. A study on which the plan is based recommends adoption of a public policy to promote child care as part of the general plan, changes in zoning ordinances to permit centers in all parts of the City, streamlined permit process for the centers, creation of incentives such as density bonuses for the provision of child care facilities in new developments, and use of public school space for child care, especially after-school programs, to minimize transporting of children to another day-care facility. The study also included a needs assessment.

J. Palo Alto.—The City of Palo Alto allocates approximately $400,000 annually from its general fund to a non-profit child care provider to subsidize and expand child care services. The non-profit has an operating budget of over $1.4 million, of which approximately 60% comes from use-fees, 30% from the City, and 10% from State, Federal, corporate or foundation grants. The non-profit operates 6 centers of its own in leased facilities and maintains voucher agreements to subsidize care with other centers or providers.

Palo Alto has adopted a policy to encourage provision of child care facilities in industrial zones by granting variances for expanded sited coverage if the additional space is used for child care. The City is considering amending the policy to encourage direct operational subsidies by employers of on-site facilities.

c. Pleasant Hill/County BART station area.—The County has taken the position that use permits issued to developers in this 125 acre plan area will be conditioned to require developers to address the need for child care and to allow child care as a use. In excess of 3 million sq. feet of office space are expected to be built under the plan. Developers have joined to form an assessment district to fund drainage and circulation improvements. Now being discussed is the expanded common purpose of meeting transit and child care requirements by assessing themselves at a higher level for a commercial "homeowners" type of association. This arrangement would transfer costs to tenants (employers). The developers will fund a study to specify child care needs for the area before determining how the condition to address child care will be addressed.

d. Pleasanton.—The City of Pleasanton's Human Services Commission completed a study of child care needs in January and recommended that employer involvement be required of all projects anticipating a work force of over 50 employees. "Involvement" could include provision of on-site facility, provision of operational subsidy to on-site or off-site facility, sharing in vendor/voucher program costs, assisting in funding child care referral agencies, fees paid to City in lieu of providing direct service with City providing or contracting for service. These requirements are being considered as part of the Industrial General Plan review.

e. Sacramento.—In its Redevelopment Area, the City is considering contributing land-banked sites for child care facilities. Facilities would be built by developers on-site. The programs would be operated by non-profits and costs to clients would be reduced by employer subsidies.

f. San Francisco.—San Francisco's Planning Commission has before it a proposal to incorporate provision of on-site child care facilities in its proposed Downtown Plan. Specifics on implementation, if adopted, are not yet available.

g. Santa Monica.—Santa Monica has specific land use ordinances relating to the provision of child care. Any new commercial or industrial development of under 7,500 sq. ft. must pay 1.5% of its total project cost into a fund administered by the City for child care, other social services and the arts. Significantly, larger new developments must pay into the fund and provide space for a day care center "affordable by all economic segments of the community" or other community space.

h. Seattle.—Seattle has foucused on having developers provide facilities on-site in commercial and office development for infant and toddler care or other non-profit human services. In proposal form, the policy provides for floor area bonuses for downtown developers who enter into a voluntary agreement for providing rent-free, on-site space for child care or human services. The City of Seattle has submitted suggested regulatory changes to the State licensing agency to relieve constraints on downtown child care. These include permitting public parks, plazas, roof tops, or extra indoor space to be counted as meeting requirements for outdoor play areas; and permitting day care centers to be established above the ground floor story of a building, as long as fire and earthquake safety standards are met.

i. Sunnyvale.—The City purchased a vacant school site, a portion of which is leased for a nominal amount to a private child care provider. The provider solicited and received employer support in a number of forms: contributions, vendor payment, in lieu services. The provision of space at public cost has reduced operating costs and provided an incentive for employers to participate.

j. Walnut Creek-Shadelands.—Four employers, one of them being the City of Walnut Creek, contributed to start-up operational costs for the Shadelands Center in 1981.

Walnut Creek's contribution was $5,000. None of the participating employers provide an on-going subsidy. Without requirements to participate, no new employers have agreed to be sponsors. The center was underenrolled based on drawing children only from the employees of the four sponsors, so opened its enrollment. There are currently waiting lists for infant and toddler care. The center is located in space it leases from the school district. The district is considering disposal of the school site which is closed, and the program is currently looking for other arrangements.

STATEMENT OF MARCY WHITEBOOK, DIRECTOR, CHILD CARE EMPLOYEE PROJECT, BERKELEY, CA

Ms. WHITEBOOK. I'm Marcy Whitebook, and I'm the Director of the Child Care Employee Project, a resource clearinghouse for people working with young children, who are trying to improve their wages, benefits, working conditions, and status. I'm also the parent of a 2-year-old in child care.

I share with the people here today concern for the children and parents who use child care. And, because of that concern, I want to focus on the needs of the providers of child care, people working in family day care, and people working in centers. Because, it seems to me that the quality of care that children and families receive is directly linked to the well-being of these providers.

It may seem premature to discuss the quality of services when such a great and unmet need for care exists. But, as people have been talking about all morning, the fact that there is so much bad child care out there means that we have to not just give you some more child care, but improve the care that we have.

It may also seem overwhelming to focus on quality when the term itself is so hard to define. I suspect that most of us in this room today really wouldn't be able to agree on the number of things that constitute quality. You might think—some people might think we need larger programs, some smaller. Some will think of different kinds of physical plans. But, I suspect that all of us would agree, and we would be supporting my existing research, that however we define quality, there is no more critical element than the providers of care. Consistent, caring adults with child-related training are essential to create a supportive environment for

children. And, as the need for child care continues to grow, the demand for capable providers will likewise expand.

Let me take a minute to tell you who the providers of child care are in the United States today, and what their situation is. Unfortunately, identifying the child care work force is complicated by its diversity, its inconsistent nomenclature—nobody calls child care workers the same thing—and a general lack of public attention. No single Government agency keeps records on this group of workers, and the media only seems to pay attention to those few providers involved in child abuse. Still, based on several different studies, a profile can be constructed.

Approximately 3 million people earn their full-time living caring for children outside of their homes. Thousands more supplement their income performing this work part time. Almost 2 million of these workers are family day care providers, the remainder work in some form of center program. The vast majority of the workers in all these settings are women of childbearing age, many of whom have their own families. And, while most family day care providers have not received child related training, the majority of people working in centers have completed some postsecondary education related to child care. And, in places like California and other States, we find that people working in centers, often 90 percent of the people working in centers, have not only completed some postsecondary education, but may well have their bachelor's degrees in child development.

But, it really doesn't matter. Regardless of program type and, probably, of education, almost all child care providers share dismal wages and other abysmal working conditions. In many parts of the country, center staff earn minimum wage or slightly more. In California, known for its relatively high level of public—of compensation due to a greater than average public subsidy, salaries for child care teachers hover around $5 an hour, with aides earning about $4 an hour. Most family day care providers earn even less. Low pay is seldom balanced by a short workweek or other nonmonetary benefits. Program preparation, parent contacts, and general maintenance require additional, and usually unpaid, hours each week.

According to three California studies, only a third of teachers, and even fewer aides in centers, received paid health coverage. Paid sick days, holidays and vacations are enjoyed by many center staff but few family day care providers. Other fringe benefits such as dental coverage, pension plans, and paid personal days are seldom available. Although few child care providers earn wages commensurate with their skills, experience and training, those employed in programs subsidized by either the Government or industry fare somewhat better than those in private programs or homes.

Beyond the low pay and limited benefits, the work itself takes a toll on people. Working with children, as I assume everybody in this room knows, demands constant attention. A child can't be placed on hold while adults attend to their own personal needs. Consequently, many providers work long hours without dependable breaks, even when they are entitled to them by law. Securing relief time is further complicated by the lack of adequate space and adult coverage in many programs. There are few places you go in where there's really a lounge for the adults to rest in.

Additionally, child care employees fail to receive basic employment protections available to workers in other professions. Many work without contracts which outline their responsibilities, wages, grievance procedures or other conditions of employment.

These conditions that I have been describing form three enormous roadblocks, I think, which effectively impede attempts to improve the quality of child care. First, poor compensation fuels high turnover among child care providers. The turnover rates in centers average around 30 percent a year, which exceeds the 10 percent rate of turnover in other helping professions.

Turnover is more than an inconvenience. Let me just take a moment, because it just happened to me, and I think it happens to a lot of people to say that, you know, imagine that the person who cares for your child, the person your child is dependent on and trusts and that you trust because they know your child, imagine that that person will change on the average three times a year. Such turnover drastically undermines children's and parent's confidence in the child care environment. It is hard to leave your child in any circumstances, but it is excruciating when you do not know who the people are.

High turnover also depletes the morale of remaining staff and creates additional burdens as they try to maintain the program's consistency and train new employees. But the problem goes beyond turnover in individual programs. Tragic as that is, we are currently witnessing a veritable turnover within the entire profession. And that leads me to the second roadblock I see.

The current structure of child care work systematically discourages the most able practitioners from seeking and keeping employment in the field. Many trained, committed caregivers have left child care in search of better compensation or respect for their skills.

And many of those who remain, probably a lot of us in this room, are contemplating other career options despite our enjoyment of child care work. It is hard to blame and easy to envy those who make these choices. For in what other profession can you complete over 2 years of college only to earn minimum wage.

A third roadblock to quality child care lies in the economic tension between parents and providers. Except for the small percentage of child care programs receiving public or corporate subsidy, and even some of the cases that would happen there, most child care costs, which are primarily labor are covered by parent fees.

This situation pits parents and providers against each other. To meet parents' needs for affordable care, fees must be kept low. But if fees are kept low, in the absence of outside subsidy, salaries remain adequate. Child care providers, then, themselves involuntarily subsidize parents through their low wages.

As we have seen over the last few decades, the need for child care is not going to disappear. Thus, the problem of creating a trained and motivated work force to meet the need must be addressed.

I think that we need expanded Government and employer subsidy to replace the subsidies now provided by low-paid child care providers.

These providers need salaries and benefits comparable to those of other people with similar training and skills. Also, I think the Government must safeguard the rights of child care employees and see that they receive basic protections governing their employment.

Child care staff must be encouraged and supported to report what happens in programs, for they are often the only people who witness unsafe policies. In California right now, legislation is being entertained that would protect child care workers who report licensing violations from unfair hirings and harassment.

Finally, in order for caregivers to continually refine their skills and keep abreast of relevant child development information, some ongoing system of inservice training for providers must be insured.

The suggestions I have made carry a substantial price tag. But all demonstrate a commitment to upgrading the status of child care and child care work. Even greater costs loom in the future if we do not face the challenge of preparing and supporting high quality providers.

In closing, I want to thank this committee for having the vision and sophistication to properly frame our conversations. In bypassing the old arguments about whether there exists the need for child care, we at least are beginning to focus on, how do we meet the need in a quality way.

And I am particularly appreciative of having the opportunity to talk with you about the needs of people who, I think, are essential, but often the unsung heroines and heroes of child care.

Chairman MILLER. Thank you.

[Prepared statement of Marcy Whitebook follows:]

PREPARED STATEMENT OF MARCY WHITEBOOK, DIRECTOR, CHILD CARE EMPLOYEE PROJECT, BERKELEY, CA

I share with my colleagues here tremendous concern for the children and parents who use child care. Because of that concern, I want to focus on the needs of the providers of child care, those working in family day care homes and in child care centers. If you hear any single thought today from my testimony, let it be this: the quality of care children and families receive is directly and inexorably linked to the well being of these providers.

It may seem premature to discuss the quality of services when such a great and unmet need for child care exists. However, recent reports of dangerous child care arrangements in California and in other parts of the country, suggest that providing child care without careful attention to quality merely creates new, serious, long lasting problems for our children.

It may seem overwhelming to focus on quality when the term itself is so hard to define. Even among the experts here we may find it difficult to reach consensus about the best type of program, the preferred number and age groupings of the children, and the physical space. But most of us would agree (and we would be supported by existing research) that however we define quality, there is no more critical element than the providers of care (Abt, 1979; Divine-Hawkins, 1981). Consistent, caring adults with child related training are essential to create a supportive environment for children. And, as the need for child care continues to grow, the demand for capable providers will likewise expand.

Who are the providers of child care in the United States today? Identifying the child care workforce is complicated by its diversity, its inconsistent nomenclature and a general lack of public attention. No single government agency keeps records on this group of workers, and the media only seems to pay attention to those few providers involved in child abuse. Still, based on several different studies, a profile can be constructed. Approximately three million people earn their full time living caring for children outside of their homes. Thousands more supplement their income performing this work parttime. Almost two million of these workers are family day care providers, the remainder work in some form of center program. The vast majority of child care providers in all settings are women of child bearing age.

While most family day care providers have not received child related training, the majority of center providers have completed some post-secondary education related to child care (Abt, 1979; Divine-Hawkins, 1981; Whitebook, et al, 1982). Recent surveys in California and Illinois confirm very high educational levels for child care center staff; close to 90% of workers in these states have completed some college level coursework related to early childhood education (Pettygrove, et al, 1984).

Regardless of program type, almost all child care providers share dismal wages and other abysmal working conditions. In many parts of the country, center staff earn minimum wage or slightly more. In California, known for its relatively high level of compensation due to a greater than average public subsidy, salaries for child care teachers hover around $5 an hour with aides earning about $4 an hour (CCEP, 1983). Most family day care providers likewise fail to earn an adequate wage. Low pay is seldom balanced by a short work week or other non-monetary benefits. Program preparation, parent contacts, and general maintenance require additional—and usually unpaid—hours each week. According to three California studies, only a third of teachers, and even fewer aides in centers, receive paid health coverage (CCEP, 1983). Paid sick days, holidays and vacations are enjoyed by many center staff but few family day care providers. Other fringe benefits such as dental coverage, life insurance, pension plans, and paid personal or education days are seldom available. Although few child care providers earn wages commensurate with their skills, experience and training, those employed in programs subsidized by either the government or industry fare somewhat better than those in private programs or homes (Whitebook, et al, 1982; Whitebook, 1984).

Beyond the low pay and limited benefits, the work itself takes a toll on caregivers. Working with children demands constant attention; a child cannot be placed "on hold" while adults attend to their own personal needs. Consequently, many providers work long hours without dependable breaks, even when they are entitled to them by law. Securing relief time is further complicated by the lack of adequate space and adult coverage in many programs. Additionally, child care employees fail to receive basic employment protections available to workers in other professions. Many work without contracts which outline their responsibilities, wages, grievance procedures and other conditions of employment.

These conditions form three enormous roadblocks which effectively impede attempts to improve the quality of child care. First, poor compensation fuels high turnover among child care employees. The turnover rates in centers average 30 percent a year, far exceeding the 10 percent rate in other helping professions (Seiderman, 1977). Turnover is more than an inconvenience. Imagine that the person who cares for your child, the person to whom your child hopefully develops an emotional attachment and who you trust because she or he knows your child—imagine that this person will change, on the average, three times a year. Such turnover drastically undermines children's and parents' confidence in the child care environment. While it is hard to leave your children in any circumstance, it is excruciating if you don't know who the caregiver will be. High turnover also depletes the morale of remaining staff and creates additional burdens as they try to maintain the program's consistency and train new employees. But this problem goes beyond turnover in individual centers. Tragic as that is, we are currently witnessing a veritable turnover within the entire profession.

The current structure of child care work systematically discourages the most able practitioners from seeking and keeping employment in the field. Many trained, committed caregivers have left child care in search of better compensation and respect for their skills. And, many of those who remain—probably some of the people in this room—are contemplating other career options despite their enjoyment of child care work. It is hard to blame—and easy to envy—those who make these choices. For in what other profession does one complete over two years of college only to earn close to the minimum wage?

A third roadblock to quality care lies in the economic tension between parents and providers. Except for the small percentage of child care programs receiving public or corporate subsidy, most child care costs—which are primarily labor—are covered by parent fees. This situation pits parents and providers against each other. To meet parent needs for affordable care, fees must be kept low. But if fees are kept low, in the absence of outside subsidy, salaries remain inadequate.

Child care providers themselves involuntarily subsidize parents through their low earnings!

As we have seen the last few decades, the need for child care is not disappearing. Thus the problem of creating a trained and motivated workforce to meet the need must be addressed. Expanded government and employer subsidy must replace the subsidies now provided by low paid child care providers. Salaries and benefits com-

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parable to those of others with similar training and skills must be provided for all child care employees. Additionally, the government must safeguard the rights of child care employees and see that they receive basic protections governing their employment. Child care staff must also be encouraged and supported to report what happens in programs, for they are often the only people who witness unsafe policies. For instance, California is currently entertaining legislation to protect workers who report licensing violations from unfair firings and harassment. Finally, in order for caregivers to continually refine their skills and keep abreast of relevant child development information, an ongoing system of inservice training for providers must be insured by public funding.

The suggestions I have made carry a substantial price tag. But all demonstrate a commitment to upgrading the status of child care work. Even greater costs loom in the future if we do not face the challenge of preparing and supporting high quality providers. In closing, I thank this committee for having the vision and sophistication to properly frame our conversation. In bypassing the old and tired debate on whether there exists a need and a right for child care, you make possible a discussion of the most salient questions involving quality services and how to provide them. And, I am particularly and personally appreciative of having the opportunity to share with you the need of the essential, but unsung heroines of child care: the providers.

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STATEMENT OF FONDA KRAVIN, EXECUTIVE DIRECTOR, COMMUNITY COOPERATIVE SERVICES, RENO, NV

Ms. KRAVIN. Mr. Chairman and members of the committee, I am happy to have this opportunity to appear before you to discuss the issue of child care.

My name is Fonda Kravin and I am the executive director of Community Cooperative Services, a private, nonprofit child care center in Reno, NV. I have been director for 6½ years; and prior to my present position I taught in several different preschool settings. My education includes a master of science from the University of Nevada-Reno.

Community Cooperative Services provides affordable, quality child care to low-income families in the Reno-Sparks area. The center opened 7 years ago as the result of the efforts of concerned parents and professionals who felt that affordable, quality child care was an important unmet need of the families in the neighborhood.

Over the years it has developed a quality staff, secured funds for a complete renovation and expansion, and, thus, has gained recognition in our community as a quality child care program with an increased service for low-income families.

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The services we provide include: An educational program for preschoolers and toddlers; kindergarten-age care; a food and nutrition program; health screening; drop-in care for the prevention of child abuse and neglect; transportation to special services; home visits; parent workshops; and staff training.

We are licensed for 35 preschoolers and 15 toddlers, and continue to have a waiting list, averaging 180 children. We are governed by a board of directors comprised of volunteers from our community.

Most of our families are headed by single parents and have 1-to-3 children to support. They are either working or are in some type of work training program, and bring home on an average $600 net income a month.

One of the unique aspects of our center is our sliding scale.

We see our center as a support system for families and not a replacement to the parental role. Our services help foster the growth and development of children; thereby preventing possible learning disabilities, and other problems that can have lifelong effects. We also provide a stable nurturing environment for the children we serve while their parents work.

With our support, we have seen many stressed, low income and unemployed parents become productive taxpaying citizens of our community. These individuals have come to feel good about themselves as parents as well.

Another unique aspect of our center is our funding structure. One-third of our $160,000 yearly budget comes from parents' fees, and the remainder must come from a variety of local, State, Federal, and private funding sources.

Beginning 2 years ago and continuing today, we face two major problems. First, we are experiencing a cutback in most of our public funding sources, and have found it necessary to look for others.

It has been our experience that local businesses and organizations are interested in helping. However, they prefer to donate money or services for a specific, tangible purpose rather than for staff salaries. This is critical, since over 85 percent of our expenses are salary related.

We feel it is qualified, competent personnel that make a good program. Therefore, private funders have been unable to help us recoup our public funding losses.

To avoid increasing fees to already struggling parents, it is essential that we find new solutions to the funding dilemma of nonprofit centers with sliding scales. One solution is a combined partnership between parents, Government and the private sector.

Since parents pay fees according to their income, then, Government and the private sector must subsidize the remaining portion of the actual cost of providing care. In return the private sector could expect lower employee turnover and absenteeism, higher morale and greater dedication.

As for the Government involvement, moneys could be broken out of Human Services block grants specifically for child care. Also, new revenues could be created through licensing fees, as has been done in domestic violence programs in several States.

The other major problem we face is the public sector's question of why our costs are higher than private, for-profit centers. Several

reasons for this condition exist. First, because of our belief in having a qualified, competent staff, we pay teachers more than minimum wage, and offer a variety of benefits. Inside the business community this is considered standard business practice. However, in the area of child care this is sadly the exception rather than the rule.

Our center has benefited from this by experiencing a low employee turnover and by fostering a dedicated and well trained staff. The high cost in child care is a national problem.

The child care field as a profession must be recognized. This can come about through higher wages and more benefits, stricter regulations and the enforcement of present regulations.

In some communities this may mean more local dollars for the agencies that license centers and homes, as well as licensing personnel trained in the area of child development. Accrediting child care programs on a volunteer basis, as well as certifying preschool teachers must also be examined. In Nevada we have no certification process.

All of the above solutions cost money. Good quality child care programs cannot be provided inexpensively. However, if the money is not spent either by Government or the private sector or by some combination of the two, it is our families and our future society that will suffer the most. There will be an increase in child abuse and neglect, in juvenile delinquency, and in remedial programs attempting to undo damage that has resulted from poor programs.

In the long run this will cost the taxpayer more than quality child care. However, this will be money well invested, if we realize that we are talking about the long-term effects of quality child care on the future generations of our country.

Thank you for giving me the opportunity to speak before you. If you are ever in Reno, come visit us.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Fonda Kravin follows:]

PREPARED STATEMENT OF FONDA KRAVIN, EXECUTIVE DIRECTOR, COMMUNITY COOPERATIVE SERVICES, INC., RENO, NV

Mr. Chairman and members of the committee, I am happy to have this opportunity to appear before you to discuss the issue of child care.

My name is Fonda Kravin and I am the Executive Director of Community Cooperative Services, Inc., a private, non-profit child care center in Reno, Nevada. I have been director of Community Cooperative Services, Inc. for six and one half years. Prior to my present position I have taught at: a) the University of Nevada-Reno Child and Family Center; b) in a Head Start program in DuQuoin, Illinois, and; c) in a for-profit child care center in Chicago, Illinois. In addition to my professional work experience, I am also involved in several organizations in my community including: the Nevada Association for the Education of Young Children; the Truckee Meadows Human Services Association; the Northern Nevada Task Force on Child Abuse and Neglect; and the Washoe County Child Care Advisory Board. My education includes a Master of Science in Human Development from the University of Nevada-Reno, and a Bachelor of Science in Child Development and Family Life from Southern Illinois University.

Community Cooperative Services, Inc. is a private, non-profit organization that provides affordable, quality child care to low and moderate income families in the Reno-Sparks area in Nevada. It is located in a low-income housing development, and is presently housed in a building owned by Reno Housing Authority. The center opened seven years ago as the result of the efforts of concerned parents and professionals who felt that affordable, quality child care was an important unmet need of

the low income families in the neighborhood. It has come a long way from its origins in a run-down building with a shoe-string budget of less than $50,000. Over the years it has developed and maintained a quality staff, it has secured funds for a complete renovation and expansion, and, through these efforts, it has gained recognition in the community as a quality child care program, with an increased service for low-income families.

The services we provide include: an educational program for preschoolers (ages 2–5), toddlers (ages 1–2), and kindergarten-age children; a food and nutrition program; health screening; drop-in care for the prevention of child abuse and neglect; transportation to special services; home visits; parent workshops; and, staff training. We are licensed for 35 preschoolers and 15 toddlers and continue to have a waiting list averaging 180 children. We are governed by a Board of Directors comprised of volunteers from our community. The families we provide care to are most often headed by single parents that have one to three children to support. These parents are either working, or are in some type of work training program, and bring home between $400–800 net income a month. They are often experiencing both economic and emotional stress.

One of the unique aspects of our center is our sliding scale. Costs for our services are based on the parents' income rather than on a fixed rate. For example, for a family earning under $400 a month, the weekly fee for full time care for a three year old would be $25 a week. Alternatively, a family earning $700 a month would pay a weekly fee of $33 a week for the same service. This is in comparison to the flat rate of $45 a week that is charged at private centers in the Reno area.

We see our center as a support system for families that are in need of child care and do not perceive ourselves as a replacement to the parental role of the family. The benefits of the services that our center provides for both the parents and the children are twofold. First, our services help foster the growth and development of children; thereby preventing possible learning disabilities, handicaps, juvenile delinquency, and other problems that can have life-long effects, each of which cost the taxpayers' great amounts of money. Second, we provide a stable, warm, nurturing environment for the children we serve while their parents work, thereby supporting their efforts at earning a needed income for their families. Over the past seven years, because of the support we have been able to give to families, we have seen many stressed low-income and unemployed parents become stable, working, tax-paying citizens of our community. These same individuals have come to feel good about themselves as parents who can serve as proper role models to their children.

The following is an example of one family we presently provide care to. (The names have been changed for confidentiality).

Lisa was enrolled in our center in 1980 when she was two years old. Her mother, Jane, a single parent, had been abused by her boyfriend and was trying to detach herself from the relationship. When we first met this family, it was obvious that there was a great deal of emotional and economic stress. Within the first few months it was revealed through our health screening that Lisa had a vision problem. Once our staff knew of the problem, it took several months of establishing a positive relationship with Jane before she agreed to follow through and get her daughter glasses.

Since then, Lisa has been in our program for four years. In that time, she continued to wear glasses until eye surgery corrected her vision problem. She has continued to grow and develop into a healthy six year old who has just completed kindergarten. On her school readiness tests, she scored in the 93rd percentile. In addition, we have continued to work with her mother on general health matters, including such things as bathing Lisa. At the same time, Jane remained in her job as a copy printer for three years until recently when she went into business with another person. She has become involved in helping our center by serving on our Board of Directors, speaking in support of our funding proposals at public hearings, writing letters of support, and working on fundraisers.

As is evident, this family is one example of our many "success stories"!

Another unique aspect of our center is our funding structure. While approximately one-third of our $160,000 yearly budget comes from parents' fees, the remainder comes from a variety of local, state, federal, and private funding sources. At the present time, some of our public funding sources include: City of Reno Community Development Block Grant funds; Washoe County Community Support funds; Nevada State Welfare Title XX monies; and Nevada Department of Education Child Care Food Program monies. Our largest private funding source is United Way. In addition, we receive donations from local businesses, organizations, and individuals.

Beginning two years ago and continuing today, there are two major problems that we face. First, we are experiencing a cutback in most of our public funding sources.

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As these sources decrease and/or diminish, we have found it necessary to look for new sources of funds. It has been our experience that private funders such as local businesses and organizations are interested in helping. However, they prefer to donate money or services for a specific, tangible purpose (e.g., playground equipment, food, etc.) rather than for staff salaries. This is critical, since over 85 percent of our expenses are salaries, fringe benefits, and payroll taxes. We are thoroughly dedicated to the concept that it is the director and teachers that make the program. If a center does not have qualified, competent personnel, then it does not have a good program. Therefore, private funders have been unable to allow us to recoup our losses from public funding cutbacks.

In order to not increase fees for parents who would be unable to meet increased financial demands (and defeat our purpose of providing affordable, quality child care to low income families), it is essential to find new solutions to the funding dilemma of non-profit centers with slidng fee scales. One solution may be a combined partnership between parents, government, and the private sector. For example, if parents pay fees based on their income, then the government, and/or the private sector, could subsidize the remaining portion of the actual cost of providing care for the parents' children. Incentives would need to be given to the private sector so that they would want to help support existing, quality child care programs. In return the private sector could expect lower employee turnover, lower employee absenteeism, higher morale, and greater dedication.

As for government involvement, monies could be broken out of Human Services Block Grants specifically for child care. Alternatively, new revenues could be created through licensing fees as has been done for domestic violence programs with marriage license fees in a number of states.

The other major problem we face is the sector's question of why our costs are higher than private, for-profit child care centers (centers that operate for profit rather than on a non-profit basis such as our own center). Several reasons for this condition exist. First, because of our belief in having a qualified, competent staff, we pay teachers more than minimum wage (which is what many private centers pay), and offer a variety of employee benefits (e.g., paid vacations, health insurance, etc.). Inside the business community this is considered standard practice. However, in the area of child care this is sadly the exception rather than the rule. Our center has benefited from this this by experiencing a low employee turnover and by fostering a dedicated and well trained staff. This low turnover has given an added continuity to our services as many of the children we have served have had brothers or sisters that have had the same teachers. Such continuity has instilled a trust with many of our parents. Furthermore, we can offer additional services that we feel should be part of a high quality child care program. Examples of these services include transportation for children that require special services (e.g., counseling, evaluations), health screening, and staff training.

We see the solutions to the problems of high costs in child care taking a national perspective. First, there needs to be recognition of the child care field as a profession, rather than being a way to earn money through babysitting. This can come about through higher wages and more benefits, stricter regulations (nationally and locally), and the enforcement of present and proposed regulations. In some communities this may mean more local dollars for the agencies that license child care facilities and homes, as well as licensing personnel trained in the area of child development. It is also important to examine the possibility of accrediting child care programs on a volunteer basis, as well as certifying preschool teachers. If we require elementary school teachers to be college educated and to be certified, then we should require preschool teachers to be certified and educated in child development and early childhood education.

All of the above solutions cost money. Good, quality child care programs, not unlike other human services, cannot be provided inexpensively. However, if the money is not spent either by government, or the private sector, or by some combination of the two, it is our families and our future society that will suffer the most. In the long run there will be an increase in child abuse and neglect, an increase in juvenile delinquency, and an increase in remedial programs attempting to undo damage that has resulted from poor quality child care. If quality child care programs are to be achieved, this will cost the taxpayer more than what is presently being expended. However, this will be money well invested if we realize that we are talking about the long term effects of poor quality child care and the future generations of our country.

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STATEMENT OF ETHEL SEIDERMAN, DIRECTOR, FAIRFAX/SAN ANSELMO CHILDREN'S CENTER, INC., FAIRFAX, CA

Ms. SEIDERMAN. Before I begin, I would like to respond to a question that Sala Burton asked the previous panel on whether we are going to be seeing more child abuse or more hostility or more aggression as a result of our national warmonger policies. And the answer to that is, absolutely yes. And what I could make available to you are some of the comments that the children are making about the state of the world, and they are profound.

You hear more and more kids' fears that somebody else will blow up the world. And, I think, all the attachment to the Star Wars' stuff has to do with trying to keep that in a fantasy place, because if it was a reality, they could not face the next day.

We have direct kids' quotes about the state of the world and how it affects them and I would be glad to make them available to you.

Mrs. BOXER. I would like that very much.

Ms. SEIDERMAN. There is no question in my mind.

Also, for some of you who have picked up this Family Resource Coalition Report, the matter that I am going to be talking about is on page 12. I put a clip in all of them, and I have noticed one person after another pulled the clip out. So, the nonverbal message did not work.

I am the director of the Fairfax/San Anselmo Children's Center which is in Marin County, we are housed in Fairfax in an unused school site on which we have a 25-year lease, and three 5-year renewable options. But we will not rest until we buy it. So, that is the direction we are moving toward.

I feel, particularly right now, the state of the Nation, makes it incumbent on all of us to keep excellence in place. If we lose excellence now, we will never be able to reclaim it.

It is critical for you to be involved in taking a look at excellent programs and some of the characteristics and attributes that ensure excellence.

I would just like to list, before I do the testimony on the parents' services piece, some of the services that are a part of a comprehensive child care program, which is why it costs that much. I do not even think it costs that much and I think the amount that you save in the long run—and the quality of life that is perpetuated is well worth the modest cost. Something that no one has touched, in addition to care which we provide from 6:30 in the morning to 7 at night is the necessity in including sick care/get well care in child care centers.

In many cases transportation from the school to the afterschool program has been removed. Our districts have dropped bussing. It therefore became incumbent on the child care centers to pick up the transportation, no one working San Jose can come to Marin County to drive their kids to and from school. many people are working that far away.

We serve about five meals a day: breakfast, lunch, two snacks and occasionally dinner. There has been a major cut in all of our funding in that area, in that the Federal Government is now only mandating three meals. We continue to serve five out of other pro-

grams sources which means that other program areas are less served because funds are reduced.

Also, we work in our program with parents' partners in the overall effort of strengthening and stabilizing the family.

We provide care for children from 3 months through 10 years old, so that a family like Binh's who has three children in the child care center, do not have to run all over the county to find quality child care. Even if it is not under one roof, it needs to be accessible, so that you are not putting 20 to 30 miles on your car to get your kid taken care of.

Because people are needing to go further from home for work, we have had to open 6:30 instead of 7:30 in the morning, and stay open until 7 at night instead of 6.

And, also, we have provided some health care, screenings and hearing tests, et cetera, some psychological services and some work with special parents. Because I think all children need to have access to the widest range of normalizing experiences, we mainstream special needs, children, currently, have several such children; one is a Down's Syndrome child who goes to the county program in the morning and comes to us for afterschool care.

When you are looking at the full bag of what a child care center can provide, and should provide, you become aware of the needs of the parents for services. This grew out of the statements of the parents, and needed to be responded to, we needed to reduce crisis and the stress on them and make it services accessible, so they could continue to work and provide economic autonomy for their families. So, these are some of the things that you are looking at.

One of the components that I listed, which I will be addressing my comments to is the one that deals with parents. Though, my program for years has felt real strongly a commitment with parents, its always been something that we have had to do by working the 12- or 14-hour days. This is because we could not walk away from something that needed to be addressed.

The program I am talking about, which is called the Parents' Services Project; is funded collaboratively between The San Francisco Foundation and the Zellerbach Family Fund here in the Bay area; and is serving as a model for 700 Bay area families in the following agencies which are within your districts: We Yee in Chinatown; Companeros de Barrio in the Mission in San Francisco; in Oakland is the Parent Child Development Center; and in Marin County, because the large percentage of the money is from the San Francisco Foundation/Buck Fund, which I refuse to apologize for. I think that we have an opportunity to set in place models that can affect this whole Nation; and if we use that money wisely, we will all benefit from it. And I am not going to get into a political hassle on that one.

Chairman MILLER. I really want you to respond.

Ms. SEIDERMAN. Fairfax/San Anselmo Children's Center, Canal Child Care, Sprouts and Iniece Bailey both of which are infant-toddler centers, and a brand new model through Marin County schools which is funded through the local community action program to avoid a large percentage for overhead are members of the Marin Parent Services Program. In the case of city schools the private nonprofit came along and became the funding agency for the

county schools program. So, that it could maximize its money for services.

I think we can do anything; we just have to be smarter then the system. So, we just keep going and find new ways.

Here is the testimony on PSP. In today's society with the stresses on families, and the fact that people are needing to go further away from their communities for work, and of necessity have less time with their children, child care becomes more then just presenting *x* number of hours of care per child.

It is an important entry point, where you can do a real preventive piece of work with families before crisis sets in.

Some services include: respite child care for parents, sewing classes, family movies, workshops on parenting skills, men's breakfast and events, food buying clubs, exercise classes and a lot more.

A parent option fund provides no-interest loans and grants, so that the parents apply to the center themselves; and from this pool of money can get no-interest loans.

Parents gain a sense of their own importance, their feelings of isolation are diminished, and they increase their parenting skills. Parents who possess a sense of their own well-being enrich their childs' lives.

This project is an innovative model: because of its success, we have moved forward with a piece of legislation in a 1982 Sacremento calendar. It is AB 220, the Filante bill.

It has successfully passed through a number of committees in the assembly and the senate and has now reached the full senate.

We are optimist that this important bill will become law, and that all state funded child development programs will provide comprehensive parent services. At this point the Bill establishes precedent in the California Ed-Code with funding to follow. And we go before the full senate on this in August.

Now, what that means to me is that, we have taken a model through private collaboration with an already existing, mainly publicly funded programs and are moving into making it statewide. There is the role for private and public together on behalf of the families in California, and hopefully the Nation.

I refer you to this newsletter of the Family Resource Coalition which came out of Chicago, and as a result of this there is interest; we have gotten a call from Florida and Seattle, WA where programs are wanting to know more about this and move forward.

I'll answer any questions on that later, but we are sort of a travelling team. So, I would like to turn the next piece over to Hope and then to Binh.

STATEMENT OF HOPE STEWART, OFFICE MANAGER/BOOKKEEPER, FAIRFAX/SAN ANSELMO CHILDREN'S CENTER, FAIRFAX, CA

Ms. STEWART. I have worked with the Fairfax/San Anselmo Children's Center for the past 10 years, and watched it grow from a small center to a large center with comprehensive services.

Our growth was made possible by a variety of funding sources. CETA provided our first Sick Child Care worker. The county provided the money for our first After School program. HUD provided

us money to buy a portable to house our second and third grade program.

When some of the funding dried up, The San Francisco Foundation picked up the costs as well as providing us money for mainstreaming and a number of staff positions.

We presently receive money from the county of Marin, United Way, the San Francisco Foundation, the Zellerbach Family Fund, Levi-Strauss, HUD, the area foundations, the Child Care Food program as well as our own fund raising money.

The funding is like the domino reaction, we are constantly living in dread of a piece being pulled out. If one is pulled out, then all the pieces around it fall down. One leans on the other, and we have 10 pieces leaning on each other in addition to the SDE piece.

Multifunding is both an asset and a liability. It is an asset because it puts quality into a program. It also feels good to know there are a variety of sources that value child care.

On the liability side, seeking these funds is very time consuming. Our director, Ethel, feels that she spends 75 percent of her time going after the grant; making sure it is in place; demonstrating it; and being involved with the funding source.

I must mention, too, that each of the grants has another entry point in our bookkeeping system, and I am forever tracking the grants. Our budgeting process is very complex, since it is changing so often.

To summarize, on the basis of just government money, and parent fees, child care centers cannot achieve quality programs.

[Prepared statement of Ethel Seiderman and Hope Stewart follow:]

PREPARED STATEMENT OF ETHEL SEIDERMAN AND HOPE STEWART, FAIRFAX/SAN ANSELMO CHILDREN'S CENTER

There are two issues I will be talking about today. The first is running a program with multifunding sources. The second is the Parent Services Project.

I have worked for the Fairfax-San Anselmo Children's Center for the past 10 years and watched it grow from a small center to a large center with comprehensive services.

Our growth was made possible by a variety of funding sources. CETA provided our first Sick Child Care worker. The County provided the money for our first After School program. HUD provided us money to buy a portable to house our 2nd/3rd grade After School program. When some of the funding dried up, The San Francisco Foundation picked up the costs as well as providing us money for mainstreaming. The funding is like the domino reaction—we are constantly living in dread of a piece being pulled out. If one is pulled out, then all the pieces around it fall down. One leans on the other and we have 10 pieces leaning on each other in addition to the SDE piece.

Multi-funding is both an asset and a liability. It is an asset because it puts quality into a program. It also feels good to know there are a variety of sources that value child care. On the liability side, seeking these funds is very time consuming. Our director, Ethel Seiderman, feels that she spends 75% of her time going after the grant, making sure it is in place, demonstrating it and being involved with the funding source.

I must mention, too, that each of the grants has another entry point in our bookkeeping system and I am forever tracking the grant. Our budgeting process is very complex since it is changing so often.

To summarize—on the basis of just government money and parent fees, child care centers cannot achieve quality programs.

An important component of our program is our Services Project. In today's society with the stresses on families and the fact that people are needing to go further away from their communities for work, child care becomes much more than just

presenting x number of hours of care per child. It's an important entry point where you can do a real preventative piece of work with families before crisis sets in. Services include respite child care for parents, sewing classes, family movies, workshops on parenting skills, men's breakfasts and men's events, food buying clubs and exercise classes. A parent option fund provides no-interest loans and grants. Parents gain a sense of importance, their feelings of isolation are diminished and they increase their parenting skills. Parents who possess a sense of their own well-being enrich their children's lives.

This project is an innovative model: because of its success, we have moved forward to a piece of legislation in 1982—AB 220–Filante. It has successfully passed through a number of committees and has now reached the full senate. We're optimistic that this important bill will become law and that all state-funded child development programs will provide comprehensive parent services.

STATEMENT OF BINH VONG, AGE 8, FAIRFAX, CA

Miss VONG. My name is Binh. I am a third grader at Oak Manor School in Fairfax.

My after school center is different from school. I learn a lot there and there is time to do more exploring. I love flowers. At my center I get to work in the garden.

My two sisters go to the center. Barbara is in the children's center and Quan is in the after school. It is nice that we are all here together. My mom and dad work.

My favorite things to do are: Work with yarn, act in plays, learn to swim, go camping, and take dinner home once in a while for my family. I also do gymnastics. Helen our teacher, teaches us a lot. When we need money to do special things we sell cookies and artwork we have made.

Before we leave every night we do a job; and every month we have work and responsibility week. All of us do things all over the center: empty baskets, wash windows, or sweep.

I have been here since I was a baby. I cried a lot at the beginning because I did not know English and everything was different and scary. Now, I feel fine and care a lot about our center and all my friends.

Chairman MILLER. Thank you. [Applause.]

[Prepared statement of Binh Vong follows:]

PREPARED STATEMENT OF BINH VONG, 3D GRADER AT OAK MANOR SCHOOL, FAIRFAX, CA

My name is Binh. I am a 3rd grader at Oak Manor School in Fairfax.

My after school center is different from school. I learn a lot there and there is time to do more exploring. I love flowers. At my center I get to work in the garden.

My two sisters go to the center. Barbara is at the Children's Center and Quan is in the After School. It is nice that we are all here together. My Mom and Dad work.

My favorite things to do are: work with yarn, act in plays, learn to swim, go camping and take dinner home once in a while for my family. I also do gymnastics—Helen our teacher teaches us a lot. When we need money to do special things we sell cookies and art work we have made.

Before we leave every night we do a job and every month we have Work and Responsibility week—all of us do things all over the center—empty baskets, wash windows or sweep.

I have been here since I was a baby. I cried a lot at the beginning because I didn't know English and everything was different and scary. Now I feel fine and care a lot about our center and all my friends.

Chairman MILLER. I am going to let my two colleagues ask questions before I do because they are about to run into a time problem, and must catch an airplane back to Washington this afternoon. I am going to walk back tonight; they are going to fly.

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Barbara.

Mrs. BOXER. Yes. Our leader is going to have to take the Red Eye Special. I am a veteran of that, and it is a tough thing to do.

I want to ask two panelists questions. The first was Mr. Fidler. I am very impressed with your determination, and I thank you for the thing that you tried to do. But putting that together with some of the other testimony we heard on the benefits of child care centers to corporations, and I think you brought it out, dealing with the morale and the fact that you can rely more on your employees. Is the corporate sector not aware of this? And, (b), do you think they will become more aware as women get higher up on the corporate ladder?

Mr. FIDLER. I think that a lot of people are trying to tell them. Right now I do not think they are listening very well, and they are not believing it.

I can tell you a number of examples, too, of just in recruiting; between right now and 1990, 7 out of 10 entering the work force will be women. And those women are going to need child care. That is obvious that businesses are going to have to do something to create and to attract the best women around to work in their company.

I can prove to you in many ways that the Shadelands Children's Center at Zehntel helped to attract women.

But getting back to your question. I think that things are being told to the businesses, but they are not listening. They are not believing it yet. They do not really believe that it is going to create a better morale in their company. That is why I think tax incentives are necessary, initially, to get them over the brink. You have got to get them over that hump; and then they are going to see on their own that it is going to be worthwhile.

Another thing that is brought up a lot is absenteeism. You know, they say, well, it is going to help reduce your absenteeism. Businesses really do not care about that too much. They have already planned on that. I already planned out my budget on what kind of absenteeism we are going to have at Zehntel. I plan on that every year. But that is going to be a side benefit that the businesses will see later on. But first of all there has to be incentives to start those centers in the first place.

Mrs. BOXER. So, it is good old money first.

Mr. FIDLER. That's right.

Mrs. BOXER. Morality second.

I want to talk to Ethel Seiderman. How many years ago was it that you came before our Board of Supervisors and we provided you with the first $10,000?

Ms. SEIDERMAN. It was 1974. I remember it because we were dealing with kids 2½ to 5, and suddenly realized that our 5 year olds were going to kindergarten and we had a waiting list a mile long, so we needed to start a school age program.

Those were really remarkable days, because they bought into it, and in our own county of Marin, there is still a lot of support for child care.

I agree with what several people have said about leadership, because one of the things that is going on in Marin right now is that

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the Board of Supervisors provided a piece of land right next to the Civic Center for child care for Civic Center employees.

And it is a long fight, Barbara. You initiated that, and I will agree with you completely. Unless you have seed money or something to keep you going until enrollment and funds build up and the program can carry itself, as people buy in; you are going to die.

We are working on that right now. And, hopefully, the private sector will buy into some of this seed money, because eventually it will die without such support.

Mrs. BOXER. So, I was just going to ask you that. So, the infant center that we felt we started is not off the ground yet?

Ms. SEIDERMAN. No, it is not yet. We have a building and a portable unit ready to go, but we do not want to go belly-up, as others have done. We are hoping to get some seed money for the program part until the full enrollment comes in.

But we will open it up to the rest of the community until people see its worth.

Mrs. BOXER. Well, I just would like to make a closing statement because I will be leaving; and that is that the Fairfax/San Anselmo Children's Center in a county where everyone says there is no need, which is so absurd, because Marin County has a very high divorce rate, there are single mothers with children, broken families and a tremendous need for this program.

And what is so beautiful about it, I could say to my chairman, is that it covers all needs in one place. If your kid is sick, there is a special place for that child. You have a situation like Binh has her kid brother and sister——

Ms. SEIDERMAN. Two sisters.

Mrs. BOXER. Two sisters there, I remember Barbara when she was this big. And she can go in and see her——

Chairman MILLER. How big?

Mrs. BOXER. This big. It was really literally—I mean, I am not exaggerating. That is why I could relate to her so well, she was so little. I was bigger.

But the fact of the matter is, Ethel has a program out there that is spectacular, that is a great program.

And the very last point, and absolutely the last point to make is that, our chairman, Congressman Miller, did hold a hearing on childrens' fear of war. It was held in Washington, DC, I guess about 6 to 8 months ago. And it was a fantastic array of very young children to teenagers who absolutely said that, the whole fear of nuclear war is affecting their lives. And, I think Congresswoman Burton followed a question on; does it influence the parents? Obviously, it is influencing everyone.

And I thank my chairman for allowing me to participate in this hearing, and to all the wonderful witnesses and the people who care enough to be here.

Chairman MILLER. Sala.

Mrs. BURTON. I would like to ask Mr. Fidler a question. You know, we talk about productivity. Don't you feel that the satisfied worker is more productive? Doesn't the corporate world recognize that?

Mr. FIDLER. I think they would feel it, but you would have to prove it to them in dollars and cents; and they have not seen it as yet.

Mrs. BURTON. Now, it seems to me that eventually the unions get involved in a bargaining position where part of the benefits might include a child care center. You have many women in the trades and in other areas, not only the professions which have been traditionally dominated by women. Don't you think that is a possibility?

Mr. FIDLER. It is a possibility. But many benefits are being cut back in labor contracts right now. And, also, there are a lot of companies in this world that are not—do not have labor unions in them. Electronics is particularly that way; there are not very many labor unions involved in electronics. It has to come from the employers themselves doing it, and we have to be able to prove to the employers that it is a benefit to them.

And we do not have to do it over a bargaining table. And I do not want to have to shove it down somebody's throat. That does not work at all. It never has and never will. But if we can incent businesses to get involved in that; they will prove to themselves that it is a worthwhile venture.

Mrs. BURTON. Well, what I am trying to say is that, organized labor might recognize that this is a factor they have not been involved in. So, perhaps, instead of tax incentives, perhaps the corporate world ought to start thinking about child care centers or facilities in a building where they are really doing the work.

Program a piece of the building for the people who are working for their children.

Mr. FIDLER. That is true, but I do not think you are going to get businesses to willingly start centers. You are going to set up an adversarial relationship. And that is not what the children should be subjected to.

If the unions come to the table and start demanding it across the table; that is really not going to solve the problem. It may start slowly going that way, but businesses are going to put up their backs to the issue. Let's do something where we do not have to make the businesses paranoid and have their back up.

Mrs. BURTON. Well, the tax incentive bothers me a little bit, but we will see.

Ms. Seiderman, I am very happy about your comments and I am looking forward to getting some of the material that you have on this state of the world.

I think that is about it right now. I really appreciated everything you have said; and I thank you very much.

And, I thank you, Mr. Chairman, that you came to my city and my district and have this very informative, important, and well organized hearing. Thank you.

Chairman MILLER. Thank you, Sala, for your participation.

Rich, let me ask you something about incentives. From one of our conversations and from our hearings in Dallas, TX, we've seen how the Zale Corp., which is a very large chain of jewelry stores has constructed an on-site child care facility, and it is really something. Anybody in this room would like to see it in terms of a positive example. They have been doing it for a number of years.

They also know what it costs to replace an employee. What absenteeism and turnovers cost.

And they think the bottom line is that the child care center is in the corporate interest. And I just wonder if at Zehntel you went through these same kinds of calculations?

Mr. FIDLER. Absolutely. I think that, you know, when you are talking about recruitment, that is a very, very expensive proposition. A lot of people may not think that, but to get a fine executive aboard in a company, you are talking, just initial outlays of $10,000 to $20,000, and then probably, you know, maybe as much as $30,000 or $40,000 in training expense that actually has to go into that executive.

I think businesses are very, very much aware of that. And anything they can do to attract employees, where they do not have to pay the recruitment fees to get fine quality people, they are going to do. And that is exactly what Zehntel did.

We look at the amount of money that we put out in the child—for our child care center; it was tuppence compared to the rewards that we were going to get back from it.

Chairman MILLER. When we talk about the tax incentives, I think currently people are aware that a business can deduct its losses and its cost of doing business from its income. But a lot of businesses that I talked to said, "Look, I have got enough losses. I have enough expenses. That is not my problem."

And it seems to me this raises the question of whether you want to cross over into the area of credits; whether or not the business should get a credit for the cost of providing the square footage for a facility on or off site, as you did at Shadelands. Whether or not a developer should get a credit, tax credit; not simply a deduction for the—for contributing the land, if you will, to a public agency or to an office park development that we now see certainly in this area of California.

Does that start to change the dynamics of the thinking if that credit is available?

Mr. FIDLER. That—I think it does. And that is exactly what I am talking about. I am not talking about a tax deduction; we already have that available. You can donate to a nonprofit organization. You already have that available. That is not significant. That is not going to help.

What we need is a direct tax credit for any kind of moneys; and I am sure that you can think of hundreds of ways of limits and how much or how little or whatever, based on the size of the company or the number of employees or whatever.

But I think that direct tax credit is necessary, just to get the businesses over the hump. Let them see that they are really working. And let them see that it reduces their recruitment cost. Let them see that it improves their morale. Let them see that it reduces their absenteeism.

I think once you see that, once the employer sees that, then you can start letting back on the tax credits. The same thing as I mentioned with the energy tax credits that have been available. With a direct tax credit for energy conservation, you see a lot more people insulating their homes. Eventually, those things are going away now, because people have already seen that it reduces their energy

bill. But unless you did that tax credit up front, people did not see it.

The same thing with employing unprivileged youth during the summertime. The businesses get an 85 percent tax credit for employing youths between 16 and 21. You are seeing more and more businesses employing those youths now, because it cost them very, very little.

I think the same thing can happen with a direct tax credit for businesses, to start up these child care centers; just a one shot deal per business; and you are going to see a terrific number of centers starting up. Then, they need the subsidizing efforts, they need the sustaining efforts that should happen through the local government.

Chairman MILLER. Louise, what do you encounter when you try to talk to businesses after the Shadelands experience? Is there reluctance?

Ms. RUSH. Well, the other day I was talking with a person from Chevron Land and Development Co., because I am working with them on a child care program for their office development. They said to me: "So what happened at Shadelands?"

I explained to them that the reason that Shadelands closed was simply because it lost its space. That it was financially stable, had a quality program and had employer support and commitment. The person still looked at me and said: "It closed." No matter what I say, many will interpret Shadelands closing as a lack of corporate commitment to the center and they will wonder why that is.

A lot of employers have been interested in talking with me because I worked on the Shadelands Children's Center. This was a critical model that needed to stay alive as proof that employer support of child care could reap the benefits we'd promised. The corporate sponsors certainly received generous media coverage but the other benefits would have taken longer to document.

And, so it is a setback. Many employers were watching Shadelands to see if they wanted to get involved in child care. Now they have more doubts and questions than before. One of the reasons we worked so hard to make Shadelands a success was because its closure could be used as a smokescreen and excuse by other employers who were apprehensive about corporate involvement in child care.

Our challenge now is to demonstrate that their fear is unfounded and to point to all the positive developments that have occurred due to the Shadelands experience.

Chairman MILLER. Fonda, what is the number of people that use your facility as a drop-in in terms of abuse prevention?

Ms. KRAVIN. OK. We work closely with the local organization in our community called, Committee to Aid Abused Women. And as women come into their shelter, they need to find jobs, which means that they need child care.

So, as much as possible, we try to take those children in, you know, on a minutes notice, early in the morning usually, so that the parents can go out and look for work. And these are women that have been abused, and, perhaps the children may have also been abused.

There are many times where we have to say, no. And the reason is because we are at capacity. And it is only when we have several children that may be sick in a certain classroom and then you have to match ages of the children with the appropriate classrooms.

So, it really varies every day. And I would say, we usually have five—five children on a drop-in basis per month. And what happens is that there is a local organization called the Task Force on Child Abuse and Neglect; they usually will pay for the drop-in services. And that was a grant received from the County. But we cannot—we do not have enough space to do a really good job of it.

Chairman MILLER. Marcy, thank you for your testimony. You raise a problem that is obviously a continuing concern when we talk about not only expanding the availability of child care, but keeping it affordable. In Fonda's program, 85 percent of the expenses are for salaries. One of the things we have to do is to make sure that people understand when we talk about subsidized child care, in many instances it is already being subsidized by the providers and the people working within that system.

But it is clearly a problem, once you get past the initial start up, of how are you going to maintain a system that will allow, at least, those workers to have a decent wage in the providing of that care.

I think that your testimony is very helpful in terms of placing this issue into the policy discussion.

Let me thank all of you for your testimony; for your time. Fonda, for coming a great distance to testify before the Committee.

The committee will recess now until 1:30.

[Whereupon, at 12:30 p.m., the hearing was recessed, to reconvene, at 1:30 p.m., this same day, Monday, June 18, 1984, at the same place.]

AFTERNOON SESSION

Chairman MILLER. The Select Committee will reconvene for the purposes of hearing from our fourth panel made up of: Betsy Hiteshew who is the chair of the Child Development Policy Board from the California Children's Lobby; Patricia Siegel who is the executive director of the California Child Care Resources and Referral Network, San Francisco and Chair, Child Development Programs Advisory Committee; Carol Stevenson is a staff attorney from the Child Care Law Center in San Francisco; and Patricia Hedgecoth who is Chief of the Child Care Services Bureau, State Department Human Resources, Carson City, NV; Madelon Halpern who is a program manager for the Child Development Program, San Francisco Unified School District. That ends this panel.

You don't know how large these panels are. We would never get away with this in Washington. But it is a large State and we have a lot of area to cover.

So, Betsy, we will go ahead and start with you. And again, your testimony will be placed in the record in its entirety. And, again, I would urge you, if you have short comments, and you think they are items that have been touched upon or statements that have been made, that you would like to comment; that is very helpful for us and the committee as we consider the various pieces of testi-

mony as we think about how we are going to write our report to the rest of the Congress.

So, if you think there is clarification or a statement that needs to be made, will you please go ahead and do that.

With that we are off and running.

STATEMENT OF BETSY HITESHEW, CHAIR, CHILD DEVELOPMENT POLICY BOARD, CALIFORNIA CHILDREN'S LOBBY

Ms. HITESHEW. My name is Betsy Hiteshew, and I am Chairperson of the Child Development Policy Board of the California Children's Lobby.

Chairman MILLER. Can everybody hear?

[A chorus of no.]

Chairman MILLER. Nobody can hear.

Ms. HITESHEW. We are elated—is that better?

Chairman MILLER. I think that is better or put it to the side of your testimony.

Ms. HITESHEW. We are elated at the creation of the Select Committee. And especially pleased at the committee's focus on child care.

There are four aspects of California's child care history, which I should like to address. The first of these is the continuity of commitment to child care as an educational service, with strong emphasis on the importance of quality programs.

The fascinating and complex history of subsidized child care in California, began near here in Vallejo with the opening in December 1942, of the first child care center operated by a local school district under the auspices of the State Department of Education.

Today, almost 42 years later, publicly funded child-care services in California are still under the administrative auspices of the State department of education.

I mention the name of Theresa Mahler, because some of you who have been in this field for awhile will recognize her as a bay area pioneer in child care, wrote: "It was recognized from the first that whenever children are brought together in groups, education, whether desirable or undesirable, goes on."

The concept of child care as an education program, in the broadest sense of educating the whole child, has resulted in a long-term commitment to the provision of quality child-development services in this State.

Whatever child-care initiatives are put in place at the Federal level, and wherever they are located administratively, a commitment to quality as well as affordability and a recognition of child care as part of an educational continuum should be vital ingredients.

A second factor which has contributed to California's uniqueness is the diversity of its child-care services; beginning with the many different programs in the private sector. And more recently with the passage of legislation, which initiated the flow of State funds into private programs.

Funds travel with the child to licensed services of the parents' choice. This legislation also began the development of child-care resource and referral agencies, which assist parents in finding care

reflective of their needs and values, about which I am sure Patty will speak later.

This unique public/private-sector partnership has maximized the use of available services, but serious service gaps exist, such as those about which you heard this morning; especially for infant, toddler, school-age care, and other special population such as migrant and handicapped children.

In many instances, also, the State subsidies are not sufficient to foster program quality.

A third key factor in the uniqueness of California's child-care thrust has been its strong emphasis on advocacy. Beginning with a small group of inexperienced, but dedicated early childhood educators and parents; advocacy for child care has grown in size and sophistication so that today child-care advocates in California can point with pride to a long record of legislative accomplishments.

I will not go on to describe that in detail. But I do think that there is a very much more significant role for States to play in advocacy for Federal legislation then has so far been put together in the private and private nonprofit sector.

A fourth and crucial ingredient, of course, to the California child-care picture has been the involvement of the Federal level in many different ways with many different funding streams.

I think I can speak for most of us in the child-care field here; when we say that we regret the economic realities which forced our withdrawal from title XX child-care funding in 1981. Although, we were fortunate to have the State funds available for such a buyout, complete reliance on any one funding stream, in our opinion, is very hazardous, even though it is very complex to have many funding streams.

For several years after the passage of proposition 13, the entire funding structure of child care was in serious jeopardy here in California; and there has been no significant funding for expansion since 1980, despite escalating need.

The possibility of the first budget surplus in several years has set the stage for the introduction of an unprecedented number of child care bills.

The most comprehensive, of course, is the latchkey package, which would provide $100 million for the development of child-care services for school-age children.

Other important measures under consideration would provide for expansion of preschool child care; the rural child-care resource and referral programs; the strengthening of child-care licensing, which has certainly been a topic of discussion this morning; and an unspecified but hefty amount to provide State child-care tax credit, similar to those at the Federal level.

All this sounds as though California has got it made. I am sure that you know that that is not the case. There is intense competition for this year's reserves, and the Governor has already made it clear that he will not approve full funding for these and many other of the 44 bills that have been introduced relating to child care.

Child-care needs in California and across the Nation will continue to outstrip the resources of even the most populous and prosperous States.

A vital piece of the child-care puzzle is missing. That piece, of course, is the expansion of Federal support for child care. Earmarking of funds for child care under title XX should be the permanent keystone of any Federal child-care funding package, at levels that support program quality and reflect the growing need for child care.

I also would like to stress our concern that, at the present time there has been no progress made for several years on the adoption of Federal standards for child-care programs. This role has been left completely to the States. And I think it is time that we took up this concern again. The community of child care across the country had done years of work, and was about at the point of adopting these when circumstances, political and otherwise, prevented their adoption. So, that is another piece, I think, that is extremely important to consider.

It has already been mentioned that the child-care food program moneys are a vital ingredient to California child care. The support for school-age child-care needs to be a Federal thrust. The resource and referral programs need to be spread across the country. And, certainly, we would hope to see the dependent-care tax credit become refundable.

And, indeed, if the partnerships that have been mentioned earlier between the Federal and public sources and private sources with employers, are to be implemented, there must be Federal moneys for these initiatives. We cannot rely on the private sector alone to pull together the complexities of working with the corporate world.

And we must remember that most businesses are not in the position to be able to benefit substantially without some incentives from the Federal Government.

Finally, I would like to say that, what we value we will pay for. All of the above ingredients of a comprehensive Federal child-care initiative are affordable by a nation that values children.

Chairman MILLER. Thank you.

[Applause.]

[Prepared statement of Betsy Hiteshew follows:]

PREPARED STATEMENT OF BETSY HITESHEW, CHAIRPERSON, CHILD DEVELOPMENT POLICY BOARD, CALIFORNIA CHILDREN'S LOBBY, LOS ANGELES, CA

My name is Betsy Hiteshew, I am Chairperson of the Child Development Policy Board of the California Children's Lobby. The Lobby, founded in 1971, provides a non-partisan voice for children in Sacramento. Lobby policy board members identify and research major issues in Child Health, Foster Care/Adoption, Child Development and Product Safety; develop a legislative agenda to address these issues and plan day to day strategies and tactics to achieve their legislative goals. (A copy of the Lobby's Child Development Legislative Agenda for 1984 is attached.)

The Lobby's work is supported entirely by voluntary contributions from individuals and groups concerned with the well being of children and their families.

Child advocates throughout California are elated at the creation of the Select Committee on Children, Youth and Families. Those of us concerned with child care issues are especially pleased at the committee's focus on child care. We welcome the opportunity to share our perspectives with you and sincerely hope that together we can provide the momentum which will lead to significant new federal child care initiatives in the near future.

I should like to address briefly four aspects of California's child care history which I believe to be unique, and which may be useful to you in considering federal child care measures. These four aspects are:

1. The continuity of commitment to child care as an educational service, with strong emphasis on the importance of quality programs.

2. The diversity of program delivery systems and partnerships between the public and the private sector which have developed in the past ten years.

3. A strong advocacy orientation, especially involving parents, which has increased in sophistication and effectiveness over the years.

4. A partnership between federal and state government which enabled the state to provide services it would otherwise have been unable to afford.

The fascinating and complex history of subsidized child care in California, began near here in Vallejo with the opening in December, 1942, of the first child care center operated by a local school district under the auspices of the State Department of Education.

Today, almost 42 years later, despite many legislative crises and phenomenal growth in size and complexity, publically funded child care services are still under the administrative auspices of the State Department of Eduction. Theresa S. Mahler, one of California's child care pioneers wrote: "It was recognized from the first that whenever children are brought together in groups, education, whether desirable or undesirable, goes on." The concept of child care as an education program, in the broadest sense of educating the whole child, has resulted in a long term commitment to the provision of quality child development services. Like most commitments, this one began in the hearts and minds of a few dedicated people. Fortunately for California, one of these dedicated leaders was Helen Heffernan, who in 1942 was the Chief of the Division of Elementary Education of the State Department of Education. Her vision of the importance of child care as an education program helped lay the foundation for the remarkable years that were to follow. California has been a leader in establishing and maintaining high standards of program quality for its publically subsidized programs, and in the development of a children's center permit which mandates substantial course and field work in child development, as well as general education courses. The state's tripartite system of higher education (universities, state colleges, and community colleges) has been instrumental in preparing early childhood professionals to work at all levels of responsibility within public and private programs.

Viewing child care programs as an educational rather than a welfare service has made all the difference in California's child care history. A significant part of that perspective has resulted from child care's continous identification with the State Department of Education. Whatever child care initiatives are put in place at the federal level, and wherever they are located administratively, a commitment to quality as well as affordability and a recognition of child care as part of an educational continuum should be vital ingredients. Mary Alice Mallum, another California early childhood pioneer, sums up this conviction as follows: "One of the advantages of the Santa Monica program was that the people responsible for starting it really took a stand from the very beginning for a quality program, or no program at all! It was a firm stand, and they were listened to."

Commitment to quality has also been characteristic of the state's private and private non-profit programs. Although hampered in the early days by lack of access to public support, and more recently, as are most programs, by escalating costs, private and non-profit programs and their respective organizations have struggled to maintain and improve licensing standards administered by the Department of Social Services, and have withstood many attempts to undermine and eliminate these standards. Many early childhood professionals are hopeful that the newly launched Center Accreditation Project of the National Association for the Education of Young Children will provide a voluntary impetus for the raising of standards beyond the minimum levels which licensing provides.

A second factor which has contributed to California's uniqueness is the diversity of its child care services. From the beginning, of course, there has been wide diversity in the private and private non-profit sector, with a multiplicity of program types and sponsorships ranging from family day care, private nursery schools, preschools and day care centers, church related and other non-profit programs, parent cooperatives, etc. By contrast, for many years, subsidized programs were provided in considerably more uniform fashion under the auspices of school districts. With the passage of time, however, as the need for child care grew, it became increasingly apparent that there was also a need for greater diversity of service delivery models, for support services to parents seeking child care, and for child care for special underserved populations. A state compensatory preschool program modeled along the lines of Head Start was established in 1965, followed by funding for campus child care in 1971, and migrant child care and school age parenting in 1974.

This thrust towards diversity climaxed in 1976 with the passage of AB3059, the Alternative Child Care Program, which created three year pilot projects to explore new methods of delivery for child care services. From this bill arose the concept of

resource and referral agencies to provide information and referral services to parents needing child care. Today this innovative concept has grown to a network of approximately 58 R and R agencies throughout the state, which provide a wide range of child care related services such as parent education and assistance in community child care planning.

Another innovative program which was established under this bill is that of Alternative Payment Programs. Pat Dorman, Publisher of On the Capital Doorstep, writes: "Sometimes called vendor/voucher, the Alternative Payment Program determines a parent's eligibility for subsidized care, helps the parent choose suitable care from a list of licensed providers, and arranges for payment of the care."

AB3059 also provided for family day care homes to receive public subsidies, and the number of subsidized community based programs was significantly expanded.

Many of the innovations first set forth in the Alternative Child Care Program were made permanent with the passage of SB863 in 1980. This bill was the outgrowth of several years of intensive study by a Commission to Formulate a State Plan for Child Care and Development Services appointed by Wilson Riles, State Superintendent for Public Instruction. Its findings and recommendations are available through the State Department of Education and provide us with the most comprehensive blueprint to date for the future of child development programs in California. SB863 also appropriated some $12 million for expansion of child care services, established a statewide standard reimbursement rate, and moved in the direction of equalizing program costs.

A third key factor in the uniqueness of California's child care thrust has been its strong emphasis on advocacy. Beginning with a small group of inexperienced, but dedicated early childhood educators, advocacy for child care has grown in size and sophistication so that today child care advocates in California can point with pride to a long record of legislative accomplishments. From the outset parents have played a key part in advocacy, beginning with the perhaps apocryphal parent who paced the halls of the capitol in Sacramento asking where to register to "agitate" to the thousands of parents who today write, call, telegraph, and visit their legislators to lobby for maintenance and expansion of child care services.

Major groups in California that have been instrumental in developing an advocacy orientation have been the California Child Development Administrators Association, The California Association for the Education of Young Children, The Child Development Programs Advisory Committee, (formerly the Governor's Advisory Committee on Child Development Services) and the California Children's Lobby. The Child Care Resource and Referral Network has also served an important role as a communications conduit for up-to-date information on current legislation and the extent of community child care needs.

In addition, as program delivery has diversified, organizations and networks of providers involved in that particular system have sprung up, so that today there are between 20 and 30 different statewide networks and organizations which represent a broad spectrum of child care service delivery systems and populations. These groups in turn, have joined together in a statewide child development coalition, which meets regularly to share information on pending legislation and to coordinate advocacy efforts.

The California child care community is proud of its 40 year record of continuous commitment to meeting the child care needs of its families. Certainly this could not have been achieved without crucial federal support, beginning with funds from the WPA and the Lanham Act, and later with funds from the Social Security Act, to name just a few of the major sources of federal dollars. Therefore, it was with the greatest reluctance that a decision was reached in 1981 to replace $52 million in federal Title XX child care funds with state dollars, thus bringing to an end the Title XX interagency agreement between the state's Department of Social Services and the Department of Education/Office of Child Development. This resulted from widespread fears of significant cuts in Title XX funding, which did indeed materialize. Had it not been for the buyout, California would have suffered cutbacks of several million dollars. Now, however, with all our child care eggs in one basket, we are subject to fluctuations of the California economy and changing political climates. For several years after the passage of Proposition 13, the entire funding structure of child care was in serious jeopardy, and there has been no significant funding for expansion since 1980, despite escalating need. Cost-of-living adjustments for maintaining existing programs have been hard to come by or non-existent and have in no case kept pace with mounting expenses. We estimate that California is still serving only 1 in 3 children who need subsidized care.

In the years since the buyout, child care advocacy has focussed primarily on state support for child care. Growing public awareness of the need, effective advocacy,

strong legislative leadership and the possibility of the first budget surplus in several years, have set the stage for the introduction of an unprecedented number of child care bills.

The most comprehensive initiative is the Latchkey Package, which provides $100 million for the development of a comprehensive program of child care services for school age children. It is designed to fill the child care gap that has developed between the growing number of unsupervised school-age children and the lack of adequate child care facilities. Other important measures would provide $24 million for expansion of preschool child care, $4 million for expansion of rural child care resource and referral programs, $4 million for strengthening child care licensing, and an unspecified (but hefty) amount to provide state child care tax credits similar to those at the federal level. There is strong bi-partisan support for these measures; advocates are pressing hard for their success. (See addendum for additional information on these and other bills.)

All this sounds as though California has got it made!! But we can't do it alone! For every $100 million or $24 million or $4 million that child care advocates want from the budget surplus, there are advocates for K-12 education, higher education, mental health, child abuse, etc., etc., who also have their eyes on the same pot. In addition, the Governor has already made it clear that he will not approve full funding for these bills. Child care needs in California and across the nation will continue to outstrip the resources of even the most populous and prosperous states.

A vital piece of the child care puzzle is missing. That piece, of course, is the expansion of federal support for child care. Title X expansion is the single most important federal subsidy for child care. It addresses the needs of low income families that cannot be met through tax credits, and provides more assurance of quality than the catch-as-catch can approach of Title IV-A, which does not provide enough funds for poverty families to purchase adequate child care, and frequently forces families to choose between purchasing child care and other basic necessities. Earmarking of funds for child care under Title XX should be the permanent keystone of any federal child care funding package, at levels that support program quality and reflect the growing need for child care.

Several years ago the national child care community, in cooperation with then Department of Health, Education and Welfare spent a great deal of money and time reaching consensus on a new set of regulations governing child care programs receiving federal subsidies. These were about to be adopted when the change in administration came about. There has been no further progress towards the establishment of these regulations since that time. Although California's regulations governing its subsidized programs are considerably higher than those which had been proposed at the federal level, we regret the lack of any federal regulations and would hope that progress would be resumed toward the adoption of child care regulations. The federal government should play a leadership role in developing national standards for child care programs and services receiving federal funds. Recent tragic events here in California have underscored the need for adequate child care licensing and enforcement.

The need for restoration and expansion of Child Care Food Program monies is vitally important to California. These subsidies are exceedingly meaningful both to centers and family day care homes, providing thousands of children with basic nutrition they might otherwise go without.

We applaud the introduction of legislation to establish a federal program to provide support for school-age child care, and hope that appropriations will be provided that will adequately address the problem.

We have mentioned earlier the important role that child care resource and referral programs play in California's child care delivery systems. Current legislation for the establishment of a federal program providing seed money to establish similar programs across the country is an excellent first step in moving toward the creation of a national network of child care resource and referral agencies.

The Dependent Care Tax Credit should be amended so that it becomes "refundable", and families whose incomes are too low to pay taxes will receive a cash payment instead of a tax credit. The maximum credit for a low-income family should be increased from 30 percent to 50 percent of dependent care expenses.

There has been much discussion in recent months about private sector initiatives as the 1980's solution to escalating child care needs. Employer-supported and related child care should certainly be encouraged through tax and other incentives, but it must be realized that the vast majority of employers have under 100 employees and will not have the resources to provide significant child care support to their employees without governmental support. Employer supported child care can grow if government support for child care grows; however, the private sector cannot do it

alone. The alternative payment plan currently in use in California is one model of private/public child care partnership. Funds travel with the child to licensed services of the parent's choice. (Note the importance of licensing standards in such a system.) Funds should be allocated at the federal level to facilitate private/public sector partnerships and the involvement of business/industry in provision of direct and indirect child care services.

If funds continue to be allocated for job training as in the Job Training Partnership Act, the federal government should play a more direct role in mandating child care services as part of the package, and in mandating the involvement of child care providers on Private Industry Councils. Although Title XX funds for child care services related to job training have been set aside in California, there are many administrative roadblocks, some at the state and some at local Private Industry Council levels which are hampering the distribution of these funds.

California's child care system has benefitted enormously from the low-cost, accessible opportunities for child care staff development which are available through its community and state colleges and universities. Funds should be made available for increasing the availability of such opportunities across the country. Ongoing staff development is vitally important to the provision of quality child care services.

It has been said that what we value we will pay for. All of the above ingredients of a comprehensive federal child care initiative are affordable by a nation that values children. These proposals are offered in the same spirit as The children's Survival Bill, which is based on the premise that it is wiser and more cost-effective to invest money in children's programs now than later. The Children's Defense Fund reports: "Small, short-term savings brought about by reductions in programs for children will be more than offset by the long-term costs of children who grow up without the benefits of basic services. Child care has become a basic necessity in our society today. Society will pay now or later for the provision of these services. If it chooses to pay later, it will pay far more and children's lives will have been needlessly and irreversibly damaged."

Legislative Agenda—1984 Session

The Child Development Policy Board of the California Children's Lobby has proposed the following legislative agenda for 1984:

The California Children's Lobby shall:

1. Give first priority to the funding of all existing child development services at levels that promote program quality.
2. Work to increase reimbursement levels of underfunded child development services.
3. Seek a cost-of-living adjustment for child development services equivalent to that awarded K-12 programs.
4. Work for the maintenance and improvement of all licensure of child development programs, with no exemption, including family day care homes and church-related facilities.
5. Support the continued administration of child development services within the State Department of Education.
6. Seek a higher level of priority for child development programs within the State Department of Education.
7. Work for the expansion of all types of child development services, with special emphasis on the care of school-age children.

Major Child Care Bills Pending in California Legislature, June 1984

1. Senate Bill 1674 (Rosenthal).

This bill appropriates $24 million to expand child care services for preschool children, a continuing and urgent need.

2. The Latchkey Package (see attached brochure); Senate Bill 1717 (Roberti); Senate Bill 1620 (Torres); and Senate Bill 1718 (Hart).

This landmark package of legislation provides $100 million for the development of a comprehensive program of child care services for school age children. It is designed to fill the child care gap that has developed between the growing number of unsupervised school-age children and the lack of adequate child care facilities.

3. Assembly Bill 3138 (Statham) appropriates $4 million to expand resources and referral services for child care and establish child care programs in rural areas that are unserved or underserved. Relocatable facilities for migrant programs would also be purchased with these funds.

4. Assembly Bill 2317 (Hannigan); Assembly Bill 2430 (La Follette); Senate Bill 2241 (Seymour); provide child care tax credits at the state level similar to the federal child care tax credit.

5. Senate Bill 1754 (Torres) Division of Child Day Care Licensing; currently, all family day care homes and private child care centers are licensed by the Department of Social Services under the Community Care Facilities Act. This bill enacts the California Child Day Care Facilities Act which sets up a Division of Child Day Care Licensing within the Department of Social Services. All responsibilities for licensing will be transferred to this Division. This Division shall grant or deny a license for a center or family day care home within 30 days after receipt of all appropriate licensing applicant materials, completion of a site visit, and upon evidence of a criminal clearance.

6. It is proposed that an additional $4 million be added to the budget for child care licensing to provide for an increase in unannounced visits to child care centers and for the creation of a position of child care ombudsman at every regional licensing office.

7. Senate Bill 1453 (Hart) The Infant and Toddler Protection Act, provides $15 million for special child abuse prevention programs in child development centers, hospitals and clinics.

8. AB 2443 (Waters, M.) appropriates $23 million for the establishment of child abuse prevention training programs in school districts and state child development programs.

9. Preprint Senate Bill 11 (Hart) (to be introduced in 1985 session) authorizes a tax credit to employers of 30% for startup or construction costs of establishing a day care center for employees; also authorizes a tax credit of 50% for employees contributing to qualified day care plans.

STATEMENT OF PATRICIA SIEGEL, EXECUTIVE DIRECTOR, CALIFORNIA CHILD CARE RESOURCE AND REFERRAL NETWORK, SAN FRANCISCO; CHAIR CHILD DEVELOPMENT PROGRAMS ADVISORY COMMITTEE, CA

Ms. SIEGEL. I would like to start by thanking George Miller for his vision and leadership in really advocating for the creation of the House select committee. And, I think everyone here from California can take great pride in having a Congressman that represents children and families so well. We really are very, very lucky, and he should, I think, get a special hand for all the work that he has done. [Applause.]

Chairman MILLER. That is not going to get you more than five minutes. [Laughter.]

Ms. SIEGEL. I will talk real fast.

Chairman MILLER. Thank you.

Ms. SIEGEL. I would next like to just briefly acknowledge and ask to stand the members of our California Child Care R and R Network staff. You have met some of them in the testimony this morning: Louise Rush has been doing the fine employer related child care work in Contra Costa; and Betty Cohen from BANANAS. But our staff and a number of members from our network are here; so could you please stand just so folks know that the audience is also involved in everything that we are talking about.

I am going to be as brief as possible; and I think everyone in the audience probably knows about R and R services, and I do not want to bore you. But what you need to understand is that we are in the best tradition of California pioneers, when we talk about child care R and R; and in most parts of the country do not have anything beginning to equal the comprehensiveness of our system. And so my remarks today are really addressed to the committee, more than to our audience which I know is understanding of the services.

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Our network is a nonprofit public benefit corporation. It represents 54 agencies across the State. The agencies themselves are funded by the State Department of Education, Child Development Division. Our network is not; we rely on membership dues, on grants from private foundations, and currently we have a contract from the State Department of Social Services, Office of Child Abuse Prevention, and I will speak about that briefly at the end.

I think the network is very unique, and really an example of how people can come together initially on a voluntary basis. We hold meetings in the northern and southern parts of California once a month. People's travel is at their own time, their own budgetary expense. We have a chance to visit each other's agencies, and share with each other, both the very important policy considerations that are currently going on in California. And, also, to take advantage in the afternoon of time to really train ourselves and to learn from each other how better to deliver services.

We are greatly aided in our efforts by people like Carol Stevenson from the Child Care Law Center, and she will be talking to you about some of her regulatory focus. But we have a wonderful network of friends beyond our own membership that get together with us and help us to look at issues.

R and R services in California were born as a result of the alternative child care legislation that was authored by John Foran in 1979. In the offical record, I go through some of the reasons, but let me just say briefly that, when Jerry Brown was elected Governor he vetoed what was then a $10 million child care expansion bill. And that incurred the wrath of many advocates. But he said at the time that what he wanted to do was expand our child care system to accommodate these concerns; to test cost producing features and delivery methods; to promote parental choice; to address unmet geographic needs. And I might add that in 1979, probably 85 percent of State subsidized child care in this State were in urban areas. And if you did not live in the bay area or Los Angeles, you would have had a very, very hard time finding services. Encourage community level coordination, and offer other replicable features.

Now, that original legislation was $10 million. Only $900,000 of it was initially appropriated for child care R and R services. But I am proud to say that, since that time the appropriation has grown to $5.1 million this year, and as many of you know Assemblyman Stan Stapham from the far northern rural counties has offered legislation that would pick up the 13 remaining unfunded counties that do not have R and R services in California. We are very hopeful that that bill 31-38 will pass.

I have included in the testimony a State funded mandate as is included in 863, but I think that would be very, very boring to read, and what I would like to do is really focus on exactly what it is that we do for parents and providers.

All R and R services in California share a common service orientation which entails several things:

Matchmaking; you have heard about this from Betty Cohen this morning. A commitment to parental choice in child care and respect for all parents' ability to choose the child care setting most appropriate for their own child.

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A universality of services; this is perhaps one of the most unique features of R and R. The only State funded child care program in California which reaches all parents regardless of income. We have a willingness and capacity to address the child care information and referral needs of all parents. For every other State funded child care service you must be eligible; you must meet the State's eligibility criteria.

An inclusive referral system; a capacity to work nonjudgmentally with all sectors of the provider community including home and center-based, public and private, profit and not for profit. Again, most publicly supported child care programs tend to work with those agencies that have contracts. We have the capacity to work with everyone, and we have learned a great deal in that role.

Community level networking; a cooperative orientation with community agencies and institutions which service children and families.

And, finally, knowledge of child care policy and programs; a thorough familiarity with child care regulations and public policy issues.

It is within this philosophical framework that child care R and R agencies have developed a set of core services designed to reach three separate, and at times overlapping constituencies.

The first: parent/consumers.

The second: providers of child care services.

The third: community agencies, planners, elected officials and others who benefit from or are affected by information and referral services.

Parent consumers are the pulse of an R and R service, and the referral function is a CC R and R's raison d'etre.

My colleague Merle Lawrence and I recently had a little article published on the role of child care R and R, and I want to just read one excerpt from that:

> Parents contacting R and R Services want and need to understand the wide variety of options available to them. They must be able to compare alternatives, and make choices which best suit their situations. They require very specific and often quite detailed information about caregivers and programs including things like: meals, fees, low cost options or subsidies, program philosophy, availability of transportation, et cetera.

Yet, it is more than simple information transfer which makes information and referral so important to parents in their child care search. Perhaps the most important aspect of the referral process is the counseling: discussing with parents what to look for when considering each of the various child care options; avoiding making specific recommendations or passing along assessments of the quality of one arrangement over another. However, it does mean informing the parent about matters such as: licensing requirements for each type of care; discussing what specific aspects of each type of setting to look for; explaining how to do a thorough site visit and interview with each provider.

Surprisingly, many parents are quite timid about asking to see a provider's home or facility or talking about fee policies, toilet training or philosophies on discipline.

Today, many parents feel insecure about their parenting skills, including their own ability to make the good child care choice.

And, I think you heard about that from a number of the witnesses this morning.

Our increasing reliance on professionals to teach us many kinds of skills, which in the past were imparted within our family units; carries over into child care decisions.

Child care information and referral agencies attempt to empower parents with these skills by offering consumer education tips and guidelines in choosing child care.

Most existing R and R agencies find that the supply of child care in their communities is inadequate to meet the diverse needs of parents. And so what has happened is that, you cannot sit on the phone and talk to 50 parents a day, knowing full well that there are maybe 5 or 10 slots to meet their need.

And so not surprisingly soon after we organized our initial referral function, we added training technical assistance and support services to providers, because we felt that it was very, very important to keep the supply in good shape.

And, finally, we felt that we had a public responsibility to communicate the needs that we hear on daily basis from parents to the public. So, we have done our best through newsletters, through things like our child care information kit which was recently published here in the bay area, to do just that; to reflect back, to mirror to the community exactly what is happening in child care.

And I want to talk finally about our role in documenting child care needs statewide.

CC R and R agencies gather and maintain up to date information about the nature and supply of child care services in their communities, and provide a unique documentation of child care needs.

This documentation of community child care needs is a valuable byproduct of the referral process. R and R agencies can give a public voice to actual expressed child care needs, not projected ones, not little manipulations from the Census Bureau, but what real parents on a daily basis have phoned and asked for.

This data is unique and particularly valuable because it represents expressed needs from parents looking for child care in the community, as opposed to projections from demographic data which has a variety of pitfalls.

Planning for child care requires not only descriptive statistics which document the need for child care in various communities, but also an understanding of how the child care marketplace is actually operating in a community.

This understanding should include factors such as: Saturation of all available, economically appropriate slots; what types of services are not available. We all know that infant care, sick care are very hard to find. Cost concerns of consumers as well as providers of care. This type of information is available from each CC R and R agency.

In 1978, our network voluntarily developed a standard quarterly format for reporting and aggregating the monthly referral data from each of our agencies. We felt it was important to look at patterns and of needs statewide. We hammered out several data categories, and they might seem boring to you, but they are simple things such as: The age of children for whom care is requested; the

time category of child care request; special time categories and reason the care is needed.

Happily, this information has now been instituted by the child development division into their quarterly reports; and so what began as a voluntary effort has now become a State function.

I would like to share with you our recently published Child Care Information Kit, and I think also attached to the testimony is the front page coverage that this kit received in the San Francisco Examiner. It has also been written up in most of the Bay Area dailies.

It represents a collaborative regional effort on the part of the eight bay area CC R and R agencies. The project was supported by the San Francisco Foundation, and built upon the information source which each local R and R already had established and developed a standardized format for looking at the supply data.

In the kit, we used the demand data which I have just described and merged it with new supply information that was gathered during the course of the project.

And I have to tell you that this kit, and the response that it has had is really a very, very important lesson in how important ongoing research and data gathering is. Because while child care often hits the front page in the sensational ways that many of our witnesses described this morning, I am pleased to say that, when you have solid information to share with the media, it, too, will get front page or close to that coverage.

And in terms of educating the whole public about what child care is all about, we need a lot more of this kind of solid data. And, I think if we have it we can really minimize some of the negative sensationalism which we encountered so much of recently.

The statewide system that we have is very important, because any trend in the bay area might be very different in Los Angeles, very different—I am looking at Antonia and Modoc County. The only way you really can know what is happening throughout a State, and, of course, if this were available throughout the country, we would begin to have this information regionally, is to look at those needs. It worked in California. When we passed the Sirodi bill which was major child care expansion legislation in 1980, we were able to convince our legislators, I think in large part due to the infant demand data that our network had gathered, that infants, that babies should be the priority.

Not that we did not need more preschool; not that we did not need the school age care that we are emphasizing this year, but instead of just stabbing in the dark, we could give them the solid data base; the backup, and not just from one county.

Finally, we have faced some real challenges in California. Last year, our Governor proposed the complete deregulation of family day care. With the assistance of the Child Care Law Center, our network was able to devise a quick interview questionnaire with all local enforcement and regulatory agencies saying, if the State no longer regulates family day care, will you assume that function. Are you equipped to do it? It was not loaded; it was straightforward.

When I presented that testimony to legislators, it was indeed several legislators who said: "Fine, the State can give up family day care licensing because the locals will accept it." And I was able to

say: "Gentlemen, that is not true." And someone would say: "Well, what about in Eldorado County?" And I would say: "Well, here is our survey of Eldorado County. They said they would not be able to pick it up."

Since we are in a medical setting, I think it is fair to say that, if you look at child care policy in a sense, as a patient—and I do not mean that it is necessarily sick, but I think we all agree that we have a ways to go. Then, I believe that the child care resource and referral system that has evolved in California is really like having an IV; a sharp needle that is pricked right into that policy.

And if you have the funds and energy, and good folks that I have had the pleasure of working with, you have the ability to keep that patient alive; to inform that policy in a real hands on way. And, I think really make great strides toward improving child care policy throughout the Nation.

We are very fortunate to have these services in California. There are about 150 agencies throughout the country that provide similar services. But most of them struggle to stay funded; and this year we have Federal legislation that is authored by Congresswoman Barbara Mikulski; it is now incorporated in the Head Start authorization bill, H.R. 5145. And I hope that each of you in the audience will take time to share your support for that legislative package.

While it might not bring a lot more to California, it would certainly help us to export a service that I hope you all share my pride in.

Thank you.

Chairman MILLER. Thank you. [Applause.]

[Prepared statement of Patricia Siegel follows:]

PREPARED STATEMENT OF PATRICIA SIEGEL, EXECUTIVE DIRECTOR, CALIFORNIA CHILD CARE RESOURCE AND REFERRAL NETWORK

Mr. Miller and members of the Committee: Thank you for your thoughtful and attentive interest in the many facets of child care which my colleagues have shared with you in today's hearing. At your national hearings Dr. Sheila Kamerman presented a variety of child care trends, and issues which require national attention. Child care information and referral services were among those which she highlighted stating: "Child care I & R services constitute an important device for facilitating access to child care—by helping parents learn what is available—and for providing parent-consumer education regarding how to choose a satisfactory child care service." (Child Care in the U.S.; Since the Need is Well-documented, What Next? Page 8)

Many of today's witnesses have mentioned and discussed child care resource and referral services (CCR&R). In my testimony, I would like to give you a full portrait of these services focusing on:

Our Network.
How CCR&R services evolved—The uniqueness of the California system.
Major Services Provided to Parents, Providers, and the Community.
CCR&R's role in documenting child care needs statewide.
The Importance and Potential of a Statewide system.

The California Child Care Resource and Referral Network

My perspective on CCR&R services comes from over twelve years experience: eight of those years as the founding director of the Childcare Switchboard, the San Francisco CCR&R service and nearly four years in my current role as director of our statewide California Child Care Resource and Referral Network. The Network is a non-profit public benefit corporation which represents fifty four local CCR&R agencies located in forty five counties throughout California. It has functioned as a mutual support system for existing and developing child care resource and referral agencies in California since 1976. Monthly meetings are held in rotating locations in both the northern and southern parts of the state.

Through a workshop format, the meetings provide a regular source of technical assistance and training on a wide variety of resource and referral delivery issues. They also provide an important forum for the dissemination and discussion of current state and national policy issues affecting children, families, and the provision of child care services.

Network staff is available to provide training and technical assistance on all aspects of child care resource and referral services. The Network also conducts special research and training projects. The Network is currently funded by the San Francisco Foundation; the State Department of Social Services, Office of Child Abuse Prevention; and member agency dues. (I would be pleased to answer any questions you might have about our Network.)

How Child Care Resource and Referral Services Evolved in California—the Uniqueness of our system

Governor Edmund G. Brown, Jr., in his first inaugural address, noted the need to expand the State's subsidized child care system. Yet in 1975, he vetoed a bill which would have increased the size of the current system. During the end of 1975 and the beginning of 1976, the Governor's Office set forth its proposal for the growth of child development services in the State. At the same time, parents and providers indicated the need to broaden the system delivering those services. The result of these two was AB 3059 (Foran). "The Alternative Child Care Program";

The purposes of AB 3059 were to:

Test cost reducing features and delivery methods.

Promote parental choices.

Address unmet geographic needs.

Encourage community level coordination.

Offer replicable features.

Of the $10 million appropriated, $900,000 was earmarked for resource and referral programs. Although $900,000 was the smallest program allocation in the bill, child care resource and referral services were viewed as one of its most pivotal components.

In their Oct. 1980, Report to the Governor on the Alternative Child Care Programs, 1976–1980 (pp. 12–13), the Governor's Advisory Committee on Child Development Programs made the following evaluation about state Resource and Referral services:

These programs, which have grown swiftly to serve more than 90% of the State's population, are another of AB 3059's stellar successes. These programs have at their heart the promotion of parental choice, the encouragement of community level coordination, and the promotion of growth of child care services. The first of these accomplishments was the original goal of resource and referral services. They were envisioned as assisting parents to find care swiftly. Also, they differed from other State programs in their services were available to all families regardless of income. An unexpected product of these programs was their ability to promote the growth of care through the assistance they gave to persons who wanted to enter the child care field, who were seeking a family day care license, or who wanted to organize new center based care—be it subsidized or nonsubsidized. The resource and referral agencies also swiftly became the source of information on unmet needs in given communities in the State. The local resource and referral agency is now most likely to provide information on demographic patterns throughout a county, distribution of subsidized and nonsubsidized child care, and the specific kinds of demands for care which parents articulate, e.g., the need for infant care, the need for bilingual care, and the need for care for handicapped children.

One part of AB 3059 was to test cost-reducing features. Resource and referral agencies, in an unforeseen, delightful, and surprising way, delivered one: in their local stimulation of new child care services and their articulation of local needs, they brought other dollars into child care besides State general fund money. Resource and referral agencies have promoted foundation grants for child care, city and county commitments of HUD block grants and revenue sharing funds for children's services, and corporate contributions to meet employees' child care needs. Marjorie Wyatt, the Chair of Wilson Riles' Child Development Commission, observed that if no one else in a community receives State dollars, resource and referral agencies should—precisely to stimulate these other supports for child care services.

Since 1976, state funding for CCR&R services has increased over five fold. The Governor's proposed Budget for 1984–85 includes $5.1 million for CCR&R. Much of this dramatic expansion was accomplished in 1980 pursuant to the passage of SB 863 (Sieroty). SB 863 included expanded funding for CCR&R services, and a more

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detailed definition of services than had been included in the original legislation. This definition of services was developed by our Network recognizing the importance of standardizing some aspects of our services while still leaving room for each local community to shape the style of service which most effectively meets their needs. The definition included in SB 863, Chapter 798 of the Education Code, Article 2 states:

ARTICLE 2. RESOURCE AND REFERRAL PROGRAMS

8210. Funds appropriated for the purpose of this chapter may be used for child care resource and referral programs which may be operated by public or private nonprofit entities.

8212. For purposes of this article, child care resource and referral programs, established to serve a defined geographic area, shall provide the following services:

(a) Identification of the full range of existing child care services through information provided by all relevant public and private agencies in the areas of service, and the development of a resource file of such services which shall be maintained and updated at least quarterly. These services shall include, but not be limited to, family day care homes, public and private day care programs, full-time and part-time programs, and infant, preschool, and extended care programs.

The resource file shall include, but not be limited to, the following information:

(1) Type of program.

(2) Hours of service.

(3) Ages of children served.

(4) Fees and eligibility for services.

(5) Significant program information.

(b) Establishment of a referral process which responds to parental need for information and which is provided with full recognition of confidentiality rights of parents. The referral process shall afford parents maximum access to all referral information. This access shall include, but is not limited to, telephone referral available for no less than 20 hours per week.

Each child care resource and referral agency shall publicize its services through all available media sources, agencies, and other appropriate methods.

(c) Maintenance of ongoing documentation of request for service tabulated through the internal referral process. The following documentation of requests for service shall be maintained by all child care resource and referral agencies:

(1) Number of calls and contacts to the child care information and referral agency or component.

(2) Ages of children served.

(3) Time category of child care request for each child.

(4) Special time category, such as nights, weekends, and swing shift.

(5) Reason that the child care is needed.

This information shall be maintained in such a manner that it is easily accessible for dissemination purposes.

(d) Provision of technical assistance to existing and potential providers of all types of child care services. This assistance shall include, but not be limited to:

(1) Information on all aspects of initiating new child care services including, but not limited to, licensing, zoning, program and budget development, and assistance in finding such information from other sources.

(2) Information and resources which shall help existing child care services providers to maximize their ability to serve the children and parents of their community.

(3) Dissemination of information on current public issues affecting the local and state delivery of child care services.

(4) Facilitation of communications between existing child care and child-related services providers in the community served.

Services prescribed by this section shall be provided in order to maximize parental choice in the selection of child care to facilitate the maintenance and development of child care services and resources.

8213. All child care resource and referral services shall be provided in a manner which is responsive to the diverse cultural, linguistic, and economic needs of a defined geographic area of service.

8214. Child care resources and referral shall be provided to all persons requesting services and to all types of child care providers, regardless of income level or other eligibility criteria. In addition to the services prescribed by this section, child care resource and referral may provide a wide variety of parent and provider support and educational services.

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I would like to share with you a brief, but strong statement which I believe underlines the importance of a linked up system of child care resource and referral services. This public service announcement for television was produced for our Network by the Public Media Center. I believe it speaks for itself. (30 Second Spot will be shown)

Female Voiceover: Finding the right kind of childcare is a real challenge.

You need someone who cares just as much as you do * * * Someone who watches out for your child, yet gives him room to grow.

Your local Childcare Referral Agency can help you find the care your family needs, and their help is free.

They're listed in your yellow pages under Childcare Centers, or write Childcare, Box 1919, Berkeley, CA 94701.

Because your child needs someone who cares. And so do you.

Major Services Provided to Parents, Providers and the Community

All CCR&R services in California share a common service orientation which entails:

Matchmaking.—A committment to parental choice in child care and respect for all parents' ability to choose the child care setting most appropriate for their own child.

Universality of services.—A willingness and capacity to address the child care information and referral needs of all parents regardless of income and family circumstance.

Inclusive referral system.—A capacity to work non-judgmentally with all sectors of the provider community including home and centerbased; public and private; profit and not-for-profit.

Community-level networking.—A cooperative orientation with community agencies and institutions which serve children and families.

Knowledge of child care policy and programs.—A thorough familiarity with child care regulations and public policy issues.

It is within this philosophical framework that child care resource and referral agencies have developed a set of core services designed to reach three separate—and at times overlapping—constituencies: (1) parent/consumers; (2) providers of child care services; (3) community agencies/planners/elected officials, and others who benefit from or are affected by information and referral services.

Parent consumers are the pulse of CCR&R services, and the referral function is a CCR&R's "raison d'etre". In a recently published anthology, Making Day Care Better (Teacher's College Press, Columbia University) my colleague Merle Lawrence and I described the referral process as follows (pp 234-236):

"Parents contacting I&R services want and need to understand the wide range of options available to them. They must be able to compare alternatives and make choices which best suit their situations. They require very specific and often quite detailed information about caregivers and programs, including meals, fees, low cost options or subsidies, program philosophy, availability of transportation, etc."

Yet it is more than simple information transfer which makes information and referral so important to parents in their child care search. Perhaps the most important aspect of the referral process is the counseling: discussing with parents what to look for when considering each of the various child care options. For the vast majority of child care information and referral agencies, this means avoiding making specific recommendations or passing along assessments of the "quality" of one arrangement over another. However, it does mean informing the parent about matters such as the licensing requirements for each type of care, discussing what specific aspects of each type of setting to look for, explaining how to do a thorough site visit and interview with each provider. Surprisingly, many parents are quite timid about asking to see a provider's home or facility, or talking about fee policies, toilet training philosophies or discipline approaches. Today, many parents feel insecure about their parenting skills, including their ability to make good child care choices. Our increasing reliance on professionals to teach us many kinds of skills—which in the past were imparted within our family units—carries over into child care decisions. CCR&R's attempt is to empower parents with these skills by offering consumer education tips and guidelines in choosing child care.

The emphasis of this referral, matchmaking and education process is one of maximizing parental choice instead of attempting some form of placement or specific recommendation. The commitment to maximizing parental choice is the foundation of most CCR&R referral policy/philosophy.

Most existing CCR&R agencies find that the supply of child care in their communities is inadequate to meet the diverse needs of the parents who contact them for

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assistance in finding care. Frustration with the inadequate supply of child care led to the development of the second major component of CCR&R services: the provision of information, technical assistance, and training to potential and existing providers of care. This assistance includes a variety of activities such as: organizing provider workshops; facilitating meetings of program directors; fingerprinting providers for their license application; maintaining a toy and equipment lending library, etc. This dimension of service is especially important in rural communities where CCR&R's play a large role in recruiting and developing new sources of child care.

The underlying purpose in offering technical assistance, training and support services to providers is both to augment and stabilize the supply and to improve the quality of child care services within a community. In other words: to make the local child care system work better by working with the provider sector.

The third dimension of CCR&R service is community education. Communications is the most basic form of community education and publication of a monthly or bi-monthly newsletter is a universal CCR&R function. (I've brought some examples to share with you today.) Developing and maintaining good contact with local media which can help cover and explore local child care issues is another basic activity. CCR&R's also provide information and education to community leaders, employers and elected officials who are examining child care needs and solutions.

In addition to these services, many CCR&R's have developed special projects in response to parent and provider needs including: counseling parents/providers about children with special needs, organizing parent support groups, administering child nutrition funds and alternative payment programs (direct child care subsidies), and providing specialized CCR&R services for employers.

Child Care Resource and Referral Agencies Role in Documenting Child Care Needs Statewide

CCR&R agencies gather and maintain up to date information about the nature and supply of child care services in their communities, and provide a unique documentation of child care needs.

This documentation of community child care needs is a valuable by-product of the referral process. CCR&R agencies can give a public voice to actual, expressed child care needs which may otherwise be unheard, or misrepresented. This data is unique and particularly valuable because it represents expressed needs from parents looking for child care in the community as opposed to projections from demographic data which has a variety of pitfalls. Planning for child care requires not only descriptive statistics which document the need for child care in various communities, but also an understanding of how the child care market-place is actually operating in a community. This understanding should include factors such as: saturation of all available, economically appropriate slots; what types of services are not available (e.g. infant care, sich care); cost concerns of consumers as well as providers of child care. This type of information is available from each CCR&R agency.

In 1978, our Network voluntarily developed a standard quarterly format for reporting and aggregating our monthly referral data. We felt it was important to look at patterns of need statewide. We hammered out the following data categories: Number of calls/contacts; Ages of children for whom care is requested (Infant; Preschool; School Age); Time Category of Child Care Request (Fulltime; Part-time; Extended Day; Occasional); Special Time Category (nights, weekends, rotating shift); Reason child care needed.

This data has had a definite impact on public policy in California. Instead of "guestimating" our greatest umet child care needs, we are able to report them accurately to local, state, and federal officials like yourselves. In 1980, our statewide data on the requests for infant care helped the expansion of infant care and made is a major priority in child care expansion legislation. This year, our data on the need for school age care has been requested and used by the Senate Office of Research in their development of a latch-key legislative package.

Last year, the State Department of Education wholly incorporated the Network's quarterly data format and collection into their own quarterly service data report. We are pleased that this initial voluntary effort has now been institutionalized.

I would also like to share with you our recently published "Child Care Information Kit", and the front page coverage which it received in the San Francisco Examiner. It represents a collaborative regional effort on the part of the eight Bay Area CCR&R agencies. The project was supported by a special grant from the San Francisco Foundation. It built upon the information source which each local CCR&R already has established, and established a standardized format for looking at our supply data. In the *Kit*, we used the demand data which I previously described, and

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merged it with the new supply information, demographic and population data to develop a unique portrait of child care needs in the Bay Area.

The Importance and Potential of a Statewide System

I have briefly described the services CCR&R agencies in California provide, and the role they play in documenting child care needs. I would like to conclude by highlighting a few of the advantages of a statewide system of CCR&R services. CCR&R's daily contact with parents and providers throughout the state provides a constant, and if needed instant, perspective on the impact of major policy decisions, and other events which capture the public's attention and concern. Metaphorically, if one views child care policy as a patient, CCR&R services are like an intravenous system in place in most local communities and able to feed into child care policy the data and perspective that informs good policy. A few examples of how this works: Last year, our governor proposed the complete deregulation of family day care. To assess the ability of local governments to assume the regulatory role played by the state, our Network conducted a quick survey of local law enforcement, fire, and child protective service agencies. We analyzed and objectively presented the data to our legislature as they considered the proposed deregulation.

Our statewide system has also been important in responding to the increased parent anxieties which Betty Cohen has discussed in this morning's testimony. Being able to tell parents that there is assistance in finding child care state-wide greatly facilitates a broad based media response to tragic incidents like the McMartin case.

Thank you for your time and attention. I would be pleased to answer any questions you might have.

STATEMENT OF CAROL S. STEVENSON, STAFF ATTORNEY, CHILD CARE LAW CENTER, SAN FRANCISCO, CA

Ms. STEVENSON. I am Carol Stevenson, staff attorney at the Child Care Law Center, a special project of the San Francisco Lawyers' Committee for Urban Affairs.

We are a privately funded legal organization whose goal is to increase the availability, quality, and affordability of child care throughout the country.

With the aid of pro bono attorneys, we have been providing legal services in the San Francisco bay area to family day care providers, nonprofit child care centers, parents, child care resource and referral agencies, and other child care programs since 1978.

In addition, we publish educational materials on legal issues of importance to the child care community and provide training and technical assistance to the child care community, local, State, and national government and community agencies, unions, employers, and parents.

On the national level, we are working in other communities to replicate our successful partnership between attorneys and the child care community.

Like any complex social issue, child care has its legal dimensions. Because the widespread use of out of home child care is a relatively recent phenomenon, the legal issues we encounter often present novel questions. Moreover, because child care has only recently begun to be acknowledged as a necessary community service for all families, the laws that govern it, including licensing laws, tax provisions, and local zoning, building, and fire, and health laws often do not contemplate the unique nature of child care.

In many instances child care has been regulated by fitting it into a preexisting statutory scheme. Often it has been fit in to the foster care system or another system that it was most like. Often times those systems that it has been fit into are systems that

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assume that the State needs to be involved in the lives of families because the family itself is pathological or nonfunctioning.

In child care, we are dealing with healthy families, and a service that all families need. And we need to look at how child care is regulated from that perspective.

As a result of fitting child care into a scheme where it does not necessarily fit, the laws which govern it are often inappropriate, and often inhibit rather than enhance the development and delivery of much needed services.

The Child Care Law Center conducted a legal issues survey in 1983 in which we asked child care resource and referral agencies throughout the country to identify the legal issues of greatest importance to them and the communities they serve.

Not surprisingly, regulatory issues were named as the most important legal issue for child care programs.

The rest of my testimony will highlight some of the regulatory problems we have identified, and offer suggestions about the role the Federal Government might play in addressing these concerns.

Every State licenses child care centers and all but five States regulate family day care either by licensing or registration. While it is estimated that 90 percent of child care centers are licensed, it has also been estimated that as few as 10 percent of the family day care providers who are working are regulated. A 1981 study of family day care regulations showed that licensing officials across the country could document only 140,000 regulated family day care providers nationwide.

In addition to its primary purpose of setting and enforcing minimum health and safety standards for facilities, day care regulation provides secondary benefits. It legitimizes day care; making it more visible in the community and accessible to the families who need the service.

Licensing often forms the baseline standard for the delivery of child care subsidies, food program reimbursements and resource and referral services. And that is certainly true in California. Without licensing, each of those programs would have to reinvent the wheel and set their own standards by which services would be delivered.

The importance of child care regulation is widely accepted; yet, we have little information on how well current regulatory practices work. It seems we only get the information when the practices do not work.

Our office receives calls from State legislators and child care advocates from throughout the country who are working on reforming their own State licensing provisions and need information about what is working and what is not. These people are seeking information on the regulatory practices in other States, and whether or not they are effective.

Currently, there is no central repository or clearinghouse of updated information about State laws and regulations. The creation of such a clearinghouse would be an appropriate role for the Federal Government to undertake. By this I do not mean to create a one-time shot which documents the current licensing regulations; but rather to create an ongoing process that could be continually updated, so that policymakers from States would have a central re-

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pository of information that was current, and they would know, for instance, what California is doing? How did they address a particular problem? What was their statutory language which created State-funded resource and referral agencies and so forth and so on?

With an accurate, adequate, and up-to-date information base, both regulatory reform, and research, and analysis in this area so important to childrens' basic safety would be greatly facilitated.

In addition to State licensing laws, child care facilities are usually governed by local zoning, building, fire and health codes. Both child care centers and day care homes are subject to such requirements; although, the burdens usually fall most heavily on family day care providers.

The local laws that govern these facilities have rarely been written with family day care specifically in mind. Therefore, confusion and controversy abound about whether family day care is a business, residential, or home occupation use of property for zoning purposes; whether it is an educational or residential occupancy for building code purposes; and whether restaurant and kitchen standards apply because food is being served.

Those family day care homes which serve more than six children are particularly plagued with these problems.

It is often the bureaucratic maze of local inspections, inconsistent and inappropriate requirements, and the high cost of compliance that deter family day care providers from becoming licensed.

The elimination of these local law impediments has been the focus of much of the work of the Child Care Law Center. At the present time, California law pre-empts local zoning and building ordinances as they apply to family day care, and replaces them with statewide standards.

The Federal Government could help to create a more favorable environment for all child care facilities, both by example and design. The distribution of Federal child care money to local government agencies could be conditioned on a locality's favorable treatment of child care. And by that I mean, no funds would go to a community that unduly restricted child care through their zoning ordinances or other laws.

The use of Community Development Block Grant money for rehabilitation and renovation of child care sites could be encouraged. The city of San Francisco just instituted a family day care renovation project with CDBG money, and has consistently put money into renovation of child care sites.

And I must say here that, start up money and money for renovation of physical facilities is badly needed money, money that can get programs started. Once new programs are started on sound footing, they can keep going. But it is taking the space and making it a licensable space that stops the development of much child care.

Federally funded housing and development projects could be required to include space for child care facilities. Prohibitions against the use of public housing for family day care could be lifted. Federal mortgage subsidies could specifically classify family day care as a residential rather than a business use, and therefore become available to family day care providers. New Federal office buildings could allot space for child care facilities for Federal employees.

If we want to see our children cared for in residential neighborhoods and in facilities that are healthy and safe and home environments; then, every effort must be made to make it possible for child care centers and family day care homes to legitimately operate in residential neighborhoods throughout the country.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Carol S. Stevenson follows:]

PREPARED STATEMENT OF CAROL S. STEVENSON, STAFF ATTORNEY, CHILD CARE LAW CENTER, SAN FRANCISCO, CA

Mr. Chairman, members of the Committee, I am Carol Stevenson, Staff Attorney at the Child Care Law Center, a special project of the San Francisco Lawyers' Committee for Urban Affairs. We are a legal organization whose goal is to increase the availability, quality and affordability of child care throughout the country. With the aid of pro bono attorneys, we have been providing legal services in the San Francisco Bay Area to family day care providers, non-profit child care centers, parents, and child care resource and referral agencies, and other child care programs since 1979. In addition, we publish educational materials on legal issues of importance to child care programs and provide training and technical assistance to the child care community local, state and national government and community agencies, unions, employers, and parents. On the national level, we are working in other communities to replicate our successful partnership between attorneys and the child care community.

Like any complex social issue, child care has its legal dimensions. Because the widespread use of out of home child care is a relatively recent phenomenon, the legal issues we encounter often present novel questions. Moreover, because child care has only recently begun to be acknowledged as a necessary community service for all families, the laws that govern it—including licensing laws, tax provisions, and local zoning, building, fire and health laws—often do not contemplate its unique nature. In many instances, child care has been regulated be fitting it into a pre-existing statutory scheme. As a result, laws which govern child care are often inappropriate and inhibit rather than enhance the development and delivery of much needed services.

The Child Care Law Center conducted a legal issues survey in 1983 in which we asked child care resource and referral agencies throughout the country to identify the legal issues of greatest importance to them and the communities they serve.

Not surprisingly, regulatory issues were named as the most important legal issue for child care programs. My testimony will highlight some of the regulatory problems we have identified and offer suggestions about the appropriate role the federal government might play in addressing these concerns.

Licensing: State regulations of child care.—Every state licenses child care centers and all but five states regulate family day care either by licensing or registration. While it is estimated that 90% of child care centers are licensed, it has been estimated that as few as 10% of the family day providers are regulated. A 1981 study of family day care regulations showed that licensing officials could document only 140,000 regulated family day care providers nationwide.[1]

In addition to its primary purpose of setting and enforcing minimum health and safety standards for facilities, day care regulation provides secondary benefits. It legitimizes day care, making it more visible in the community and accessible to the families who need the service. Licensing often forms the baseline standard for the delivery of child care subsidies, food program reimbursements and resource and referral services.

The importance of child care regulation is widely accepted, yet we have little information on how well current regulatory practices work. Our office receives calls from state legislators and child care advocates from throughout the country who are working on reforming their state licensing provisions. These people are seeking information on the regulatory practices in other states and their effectiveness.

Currently, there is no central repository or clearinghouse of updated information about state laws and regulations. The creation of such a clearinghouse would be an appropriate role for the federal government to undertake. With an accurate, ade-

[1] Diane Adams, "Family Day Care Regulations: State Policy in Transition" Day Care Journal, Summer 1982, p. 8-13.

quate and up-to-date information base, both regulatory reform and research and analysis in this area so important to childrens' basic safety would be greatly facilitated.

LOCAL LAWS.—In addition to state licensing laws, child care facilities are usually governed by local zoning, building, fire and health codes. Both centers and day care homes are subject to such requirements, although the burdens usually fall most heavily on family day care providers.[2] The local laws that govern these facilities have rarely been written with family day care specifically in mind. Therefore, confusion and controversy abound about whether family day care is a business, residential or home occupation use of property for zoning purposes; whether it is an educational or residential occupancy for building code purposes and whether restaurant kitchen standards apply because food is being served. Those family day care homes which serve more than six children are particularly plagued with these problems. It is often the bureaucratic maze of local inspections, inconsistent and inappropriate requirements and the high costs of compliance that deter family day care providers from becoming licensed. The elimination of these local law impediments has been the focus of much of the work of the Child Care Law Center. At the present time, California law pre-empts local zoning and building ordinances as they apply to family day care and replace them with statewide standards.

The federal government could help to create a more favorable environment for all child care facilities both by example and design. The distribution of federal child care money to local government agencies could be conditioned on a locality's favorable treatment of child care. The use of Community Development Block Grant money for rehabilitation and renovation of child care sites could be encouraged. The City of San Francisco just instituted a family day care renovation project with CDBG money. Federally funded housing and development projects could be required to include space for child care facilities. Prohibitions against the use of public housing for family day care could be lifted. Federal mortgage subsidies could specifically classify family day care as residential rather than a business use and therefore become available to family day care providers, new federal office buildings could include space for child care facilities for federal employees.

If we want our children cared for in residential neighborhoods and home environments, then every effort must be made to make it possible for child care centers and family day care homes to legitmately operate in residential neighborhoods throughout the country.

Chairman MILLER. Patricia, you are next.

STATEMENT OF PATRICIA J. HEDGECOTH, CHIEF, CHILD CARE SERVICES BUREAU, STATE DEPARTMENT OF HUMAN RESOURCES, CARSON CITY, NV

Ms. HEDGECOTH. I am Patricia Hedgecoth; I am with the Child Care Services Bureau in Carson City, NV.

The Child Care Services Bureau has the responsibility for licensing, monitoring, and providing technical assistance to child care facilities.

The State of Nevada has been licensing child care facilities since 1963 for establishments caring for five or more children.

The bureau shares licensing responsibilities with the counties. There are currently 559 licensed child care facilities in 15 counties. The availability of child care varies. For example, facilities in rural areas and in Clark County have available spaces; whereas the Reno area facilities are reaching maximum capacity.

Affordable, quality child care is a continuing and growing concern of young parents; particularly for a single parent families and families on limited incomes.

There is a need for 24-hour weekend care. However, this care is costly for providers and parents. Child care is costing the parent

[2] Inman, Virginia, "Day Care Laws Limit Private-Home Centers That Parents Like Best". Wall Street Journal, Oct. 26, 1982, p. 1.

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$45 to $55 weekly for a preschool age child, and $60 to $70 for infant care. Because the maximum tax deduction for child care is not sufficient for the high cost of infant care, an increase is warranted to assist the parents.

It should also be noted that Nevada has few nonprofit centers offering a sliding fee scale to eligible families. These centers, along with the Headstart Programs, remain at capacity with permanent waiting lists.

An increase in the human services block grant would help alleviate some of the demands for the low income child care as the demands, especially from single parent families are increasing dramatically.

Single female householders in Nevada have more than doubled from 1970 to 1980. Nevada poverty rates for younger children are also increasing at a significant rate.

It should be further noted that in 1980, 17 percent of all children or 36,000 children were living in families headed by single mothers. Of this group, 30 percent lived in poverty. Moreover, in 1980, of the 65 percent of single female householders below poverty, 24 percent were employed full time, and 75 percent employed part time.

The existing Nevada Headstart Programs are serving only a portion of the eligible children in urban, rural, and reservation settings. The Headstart Program is in need of increased permanent funding. The high quality of the Headstart Program is a result of continued staff development, and consistent training and technical assistance.

Training appropriations are necessary to maintain this existing quality.

Students who have had quality preschool education require less costly forms of education as they progress through school with less special education services.

After school activities for young children and adolescents is also an urgent national issue with the 50-percent increase in working women since 1970. Community involvement from parent groups, local businesses, public schools, and other available community resources can help build successful programs with Federal assistance.

Reported child abuse and neglect has also increased continually in recent years. Nevada has had a 13.9-percent increase from 1981 to 1982; and a 15-percent increase from 1982 to 1983.

The lack of supervision for Latchkey Children, places these children in a higher risk category for potential abuse and neglect.

Nevada has only two employer supported child care services. Beneficial tax incentives for the employer to provide child care could promote more employers to contribute to this much needed service for their employees. Employers investing in child care find a lower job turnover, lower absenteeism, improved employee attitudes toward the employer, improved employee work attitudes, improvement in community relations and an increase in attracting new employees.

Quality early childhood programs are an asset to any community. The National Day Care Study findings suggest a short prescription for good quality child care: small groups, supervised by lead caregivers with career preparation in child development and early childhood education.

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Despite these findings, child care draws heavily on low paid workers, usually women, with a high turnover rate. High cost to parents often results in the use of unlicensed care, a lower quality of care or no supervision at all.

State training requirements for preschool teachers and aides can give parents some assurance of a better choice of quality programs, which will provide children and parents with meaningful experiences.

The safety of the thousands of children in care outside the home is a growing concern for all States. Federal and State legislation requiring a background check for all licensees, owners, and staff is in need of immediate attention.

It is working together on the local, State, and Federal level that child care will be affordable, available, safe and quality based for all children.

Thank you.

Chairman MILLER. Thank you. [Applause.]

How many times did you time yourself.

Thank you very much.

[Prepared statement of Patricia Hedgecoth follows:]

PREPARED STATEMENT OF PATRICIA J. HEDGECOTH, CHIEF, CHILD CARE SERVICES BUREAU, CARSON CITY, NV

Mr. Chairman and members of the committee, I am pleased to have this opportunity to appear before you on behalf of the State of Nevada to discuss the issue of child care. I am Patricia Hedgecoth, Chief of the Child Care Services Bureau in the Youth Services Division of the Department of Human Resources. The Child Care Services Bureau has the responsibility for licensing, monitoring and providing technical assistance to child care facilities.

The State of Nevada has been licensing child care facilities since 1963 for establishments caring for five or more children. The Bureau shares licensing responsibility with the counties. Nevada Revised Statute allows any county or incorporated city to establish a child care licensing agency with an enacted ordinance. Such a licensing agency must adopt licensing standards and regulations and must not be less restrictive than those adopted by the Bureau. Carson City, the City of Las Vegas, Washoe County, including the Reno area, and the incorporated areas of Clark County license child care facilities in addition to the Bureau.

Nevada Rules and Regulations for Child Care are adopted by a three-member board which is appointed by the Youth Services Division Administrator, with concurrence of the Department's Director. There are currently 559 licensed child care facilities in 15 counties; 213 are child care centers and/or preschools, 343 are family care homes and three are institutions. There are 15,000 spaces available for children in these licensed facilities; however, the availability of child care varies. For example, centers and homes in rural areas and in Clark County have available spaces; whereas the Reno area centers and family care homes are reaching maximum capacity.

Affordable, quality child care is a continuing and growing concern of young parents, particularly for single parent families and families on limited incomes. There is a need for 24-hour and weekend care; however, this care is costly for providers and parents. A recent Nevada telephone survey indicated that child care is costing the parent $45 to $55 weekly for a preschool age child, and $60 to $70 for infant care, and most facilities are charging extra for meals served. Because the maximum tax deduction for child care is not sufficient for the high cost of infant care, an increase is warranted to assist the parents. It should also be noted that Nevada has few non-profit centers offering a sliding fee scale to eligible families. These centers, along with the Head Start Programs, remain at capacity with permanent waiting lists.

An increase in the Human Services Block Grant would help alleviate some of the demands for low income child care as the demands, especially from single parent families, are increasing dramatically. Single female householders in Nevada have more than doubled from 1970 to 1980. In 1970 there were 11,980 single mothers with

children and in 1980 the figure grew by over 100 percent to just over 27,000. Census Bureau statistics show that in 1980, one out of every third person in Nevada who was poor was under the age of 18 years. Also in 1980, the poverty rate for children stood at 10 percent. The actual numerical gain over the 1970 level was 5,500 children or a poverty population increase of just over 36 percent. Nevada poverty rates for younger children are also increasing at a significant rate. In 1970, for example, of 53,000 children 6 years of age and younger, 5,000 or 9.7 pecent, were living below the poverty level. In 1980, this poverty rate increased to 11.7 percent an increase of 48 percent over the decade. The Nevada poverty rate for Black children 6 years of age and younger is also increasing. It should further be noted that in 1980, 17 percent of all children, or 36,000 children, were living in families headed by single mother. Of this group, 30 percent lived in poverty. Moreover, in 1980, of the 65 percent of single female householders below poverty, 24 percent were employed full time and 75 percent employed part time.

Nevada has regionally funded Head Start and Indian Migrant Division funded programs. The regional programs are located in Reno, Las Vegas, Henderson, Elko, Ely, and Wells. The Indian Migrant Division programs are located on nine Indian Reservations in Owyhee, McDermitt, Fallon, Schurz, Yerington, Reno, Pyramid Lake, Dresslerville and Moapa. The existing Nevada programs are serving only a portion of the eligible children. The Head Start Program is in need of increased, permanent funding. The high quality of the Head Start Program is a result of continued staff development and consistent training and technical assistance. Training appropriations are necessary to maintain this existing quality. Investment in preschool education is socially profitable. Research shows us that students who have had quality preschool education require less costly forms of education as they progress through school with less special education services. They receive higher scores on achievement tests and receive better ratings by teachers. Long term efforts of a successful preschool experience can result in a reduction of welfare participation, lower drop-out rates and an increase in labor force participation. (The Ypsilanti Perry Preschool Report, 1978.)

Available after-school activities for young children and adolescents is an urgent national issue with the 50 percent increase in working women since 1970. Nevada child care regulations allow child care facilities to care for an additional 10 percent of the number of children licensed, during before and after school hours. These additional slots assist in some counties with the after school or latchkey population. Currently, there are no specific programs designed for latchkey children; however, several Nevada counties have programs in the planning stages. Community involvement from parent groups, local businesses, public schools and other available community resources can build a successful program. Reasonable cost, supervised activities and adequate transportation will also contribute to a successful, workable program. Public education through youth agencies, businesses, state and local government, can increase public awareness and parent involvement.

Reported child abuse and neglect has also increased continually in recent years. Nevada had a 13.9 percent increase from 1981 to 1982 and a 15 percent increase from 1982 to 1983. A portion of the increase is attributed to a public awareness of reporting procedures and requirements and an increase in the population. Nevada's population as a whole has increased by 15 percent during the past 3 years. The lack of supervision for "latchkey" children places these children in a high risk category for potential abuse and neglect.

Nevada has two employer-supported child care services. One is set up on a voucher system in the Las Vegas area, and one is on-site in the rural area of Nye County. Beneficial tax incentives for the employer to provide child care could promote more employers to contribute to this much needed service for their employees. Employers investing in child care find a lower job turnover, lower absenteeism, improved employee attitudes toward employer, improved employee work attitudes, improvement in community relations and an increase in attracting new employees.

Quality early childhood programs are an asset to any community. The National Day Care Study findings suggest a short prescription for good quality child care: small groups, supervised by lead caregivers with career preparation in child development and early childhood education. Also associated with quality are curriculum orientation and the amount of indoor and outdoor space available per child. Despite these findings, child care draws heavily on low paid workers, usually women. High cost to parents often results in the use of unlicensed care, a lower quality of care or no supervision at all. State training requirements for preschool teachers and aides can give parents some assurance of a better choice of quality programs which will provide children and parents with meaningful experiences. Licensing entities need

to weigh information from early childhood research wisely in enacting child care regulations.

The safety of the thousands of children in care outside the home is of a growing concern for all states. Federal and state legislation requiring a background check for all licensees, owners and staff is in need of immediate attention.

It is in working together on the local, State and Federal level that child care will be affordable, available, safe and quality-based for all children.

This statement concludes my testimony on child care.

STATEMENT OF MADELON HALPERN, PROGRAM MANAGER, CHILD DEVELOPMENT PROGRAMS, SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Ms. HALPERN. I am Madelon Halpern, and I am program manager of the San Francisco schools' Child Development Programs, which is the largest provider in northern California, 4,000 children; and currently has a waiting list of 3,500.

Chairman MILLER. In your opening statement you identified 3,000; it has gone up 500 since you wrote that statement.

Ms. HALPERN. Since this morning; right.

Within the last month.

For the second time in 50 years, we have a crisis in child rearing in America. The first time, during the Second World War, we needed to employ large numbers of women in war work. That presented us with an unprecedented crisis in our history: who will care for and educate our very young children?

We answered that by drawing from an established practice in some European communities and among our own middle classes.

We funded thousands of day care centers under the Federal Lanham Act of 1942. Drawing upon the tradition and method of nursey schools and kindergartens, these day care centers provided supervision and child rearing for preschool children of working mothers.

They provided a safe and educationally sound environment for young children. Opportunities for socialization provided health care and nutrition, all day contact with caring adults. But above all, they provided both parent and child with the sense of security during a difficult period in family life.

Now, 40 years later we are faced again with a similar crisis in family life. This time instead of war, economic necessity and changing family dynamics are bringing more and more women into the work force. And once again, we are asking ourselves the question: who will care for our children, and how will they develop into mature and productive citizens of this country?

Women forced to work or accepting the new opportunities for a career are deeply troubled by the impact of their roles on the lives of their children. They want quality care and education for them. And they want the confidence of knowing that if they must share their child rearing with a professional, their child will be better for it.

In 1942 a family crisis was met by the Lanham Act. But when the war ended and the crisis seemed to go away, the need for child care was still evident. The State of California voted to continue funding the program in the public schools with State money.

Only now the greatest hardship was among the low income, single parent families who needed public assistance to maintain family stability.

The child care program became an element of the State educational system, administered by the local school districts with the authority to levy local taxes to expand service.

And a fee schedule was established to recapture some of the subsidy. For 20 years, from the mid-1950's to the mid-1970's, the Children's Centers Program grew slowly in size, but developed professionally into a child centered educational system that incorporated the wisdom and strategies of the great child development teachers: Dewey, Montessori, Piaget, and others.

We widened our scope to include social services, parent education, age related curricula, and the training of community people to work and live effectively with children.

Our budgets went up, our teachers gained professional recognition, our environments provided children with the same experiences their middle class peers took for granted, and we assumed the moral responsibility to share the true parenting of our children.

Children's Centers, the outgrowth and culmination of the day care movement, and preschool, and the belief in the the educability of very young children, became the necessity in the community with a constituency dedicated to its universal expansion. However, in 1978 the 20 quiet years of growth and expansion came to an end with the shock of proposition 13. Forced to adjust to the new tax structure, Child Development Programs throughout the State cut back their services, shrank the number of centers and developed plans to lower their costs.

For 2 years, while the State adjusted to the new budgetary conditions, Child Development Programs cut and pared until their costs were reduced up to 20 percent.

But it was during this period of austerity that the truth of our second crisis in American family life became apparent to all of us.

In earlier years there had been an upheaval in the funding—if there had been an upheaval in the funding of public education, child care might well have been sacrificed. Certainly no legislature would have thought in the midst of budgetary troubles to expand a controversial service.

But in the 1980's the State legislature, responding to the will of working women and contemporary young mothers, voted to resume expanding child development services.

They allowed us to bring down our costs by enrolling more children. Then they appropriated more funds for those children.

And now, in 1984, they are debating a new dimension in family service and child development. Our Latchkey Program which would fund before and after school care, for school age children at school sites.

This in answer to the need to protect and supervise young children who have no one at home during the day.

Today, the State of California spends some $230 million on child development programs. This provides service for 143,000 children of which half are in child development programs run by the public schools.

Latchkey, if enacted as proposed, would add over $100 million, and some 65,000 children to those figures.

These are dramatic numbers. But the word I used to describe the need was crisis. And if you look at the number of children in California alone who do not have parents at home after school, or who are denied the language or cultural experience of the country in which they will grow up as citizens, or who are being reared by brothers or sisters only a few years older than they are, you will find that the constituency crying for service is almost universal.

Can we be universal? At one time, the question would have been; dare we be universal? What will happen to our children reared away from home? Will they grow up deprived, unloving, antisocial, and ill educated?

Well, 50 years has proved the opposite. Our children grow up like everyone else's, and many of them smarter, happier, more loving, better adjusted and better parents to their own children.

So, can we be universal? Obviously not, at the current costs. Then how to meet the crisis? How do we serve our constituency?

For one thing, you start where you are, using your core of trained professionals to reach out further into the community, leading and training others to work with children.

You tap the vast, untouched reservoir of talent and humaneness that resides in our retired and elderly population; the so-called intergenerational model.

You expand the concept of public schools to public homes, open many more hours of the day and available for wider community use. You incorporate school teaching into child care situations, moving the teachers instead of the children.

But most of all, you recognize that the need is genuine and permanent. Modern life has changed the family forever. We have to answer the need with the institutions and the skills that we have. We cannot afford to wait for another generation to pass.

Chairman MILLER. Thank you.

[Prepared statement of Madelon Halpern follows:]

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For the second time in 50 years we have a crisis in child rearing in America. The first time, during the second World War we needed to employ large numbers of women in war work to make up for the men serving in the military. That presented us with an unprecedented crisis in our history: Who will care for and educate our very young children? We answered that by drawing from an established practice in some European communities and among our upper middle classes. We funded thousands of day care centers under the Federal Lanham Act of 1942. Drawing upon the tradition and methods of nursery schools and Kindergartens, these Day Care Centers provided supervision and child rearing for preschool children of working mothers. They provided a safe and educationally sound environment for young children; they provided health care and nutrition, mentally stimulating activities, opportunities for socialization and all day contact with a caring adult; but above all, they provided both the parent and child with the sense of security in a difficult period in family life.

Now, 40 years later we are faced again with a similar crisis in family life. This time, instead of war, economic necessity and changing family dynamics are bringing more and more women into the work force and once again we are asking ourselves the question: Who will care for our children and how will they develop into mature and productive citizens of the country? Women, forced to work or accepting the new opportunities for a career are deeply troubled by the impact of their roles on the lives of their children. They want quality care and education for their children. And

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Only now, the greatest hardship was among low income, single parent families who needed public assistance to maintain family stability. The Child Care program became an element of the State educational system, administered by the local School Districts, with the authority to levy local taxes to expand service. And a fee schedule was established to recapture some of the subsidy. For 20 years from the mid-fifties to the mid-seventies, the Children's Centers program grew slowly in size but developed professionally into a child-centered educational system that incorporated the wisdom and strategies of the great Child Development teachers—John Dewey, Maria Montessori, Jean Piaget and others. We widened our scope to include social services, parent education, age-related curricula and the training of community people to work and live effectively with children. Our budgets went up, our teachers gained professional recognition, our environments provided children with the same experiences their middle class peers took for granted, and we assumed the moral responsibility to share the true parenting of our children. Children's Centers—the outgrowth and culmination of the Day Care movement, and preschool, and the belief in the educability of very young children—became the necessity in the community with a constituency dedicated to its universal expansion.

However, in 1978 the 20 quiet years of growth and expansion came to an end with the shock of Proposition 13. Forced to adjust to the new tax structure, Child Development programs throughout the State cut back their services, shrank the number of Centers and developed plans to lower their costs. For two years, while the State adjusted to the new budgetary conditions, Child Development programs cut and pared until their costs were reduced up to 20 percent.

But it was during this period of austerity that the truth of our second crisis in American family life became apparent to all of us. In earlier years had there been such an upheaval in the funding of public education, Child Care might well have been sacrificed. Certainly no legislature would have thought in the midst of budgetary troubles to expand a controversial service. But in the 1980's the State legislature, responding to the will of working women and contemporary young mothers, voted to resume expanding Child Development services. They allowed us to bring down our costs by enrolling more children. Then they appropriated more funds for more children. And now, in 1984, they are debating a new dimension in family service and child development—a program known as Latchkey which would fund before and after school care for school aged children at School sites. This is in answer to the need to protect and supervise young children who have no one at home during the day.

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But most of all, you recognize that the need is genuine and permanent. Modern life has changed the family forever. We have to answer the need with the institutions and the skills that we have. We can't afford to wait for another generation to pass.

Chairman MILLER. What do you think is the ability of the school system in California to absorb the latchkey bill. Let's assume that you had both the Federal and the State legislation passed. Would local school districts be able to absorb that?

Ms. HALPERN. Local school districts who already have child development programs, I think would bend over backwards to expand the need.

I think programs or districts that have never been involved will have to be sold the concept of including latchkey. But I think it is a sellable concept.

I think in San Francisco, even with tight physical space in public school buildings, schools will make space because the need is here and we know it, and we recognize it, and we are committed to it as a public school agency.

Chairman MILLER. What about the concern that, if they start this program whether they are going to have a stable base of funding?

Ms. HALPERN. Well, that is true of all education in essence, you have to go back each year and decide how much you are going to spend.

I think the legislature itself has been very honest about this problem, the State legislature. I think they recognize they are making a financial commitment, and they are being sold themselves on the concept, because they know that the need is there. The family need is there. Not only for working parents, who we all are addressing, but for all parents who need the kind of stimulation that preschools provide for their children.

Ms. SIEGEL. Can I just add something to that briefly, and that is to say that, there are in fact many school districts in California who are in no way equipped to assume the responsibilities that both the State and Federal legislation mandate. And one of the roles that are in our agencies, are playing right now, there have already been meetings in San Joaquin County, and Contra Costa County trying to pull together all the various players. Bring all the different local school districts.

I mean, some counties may have as many as 20 different school districts that they are dealing with. I mean, here in San Francisco it is one. But it is a complex problem. And I think it speaks to the need for some coordinating mechanism at the local level.

So, again here in California we are hoping that the job may be a little bit easier. But in other parts of the country where you do not have that mechanism, you can often lose services because there is no one there to frankly be the cheerleader, to see that the community puts it together, to put them in place.

Chairman MILLER. What is the rationale for the prohibition on family day care and public housing?

Ms. STEVENSON. I am not sure what the rationale is. I think it has to do with the income levels of the people that are in public housing; and, also, what the general prohibition against doing a business, any kind of business in public housing.

People often look at family day care just like any other business that someone is running from their home. We have been working to classify it as a residential use of property; that taking care of children in your home is clearly like a traditional activity that goes on in the home. It is not like selling food out of your front door or repairing cars in your driveway.

Chairman MILLER. What do we know about the need for child care services by residents in public housing?

Ms. STEVENSON. I am sure the need there is greater, or as great as it is, anywhere else. I do not have any data any specific figures that I can give you.

Chairman. MILLER. You have not been working with this specific case?

Ms. STEVENSON. It has come up when I have been at National Family Day Care Conferences. It was raised by Family Day Care Systems that were in New Orleans, LA, it was brought up. I know in the State of Minnesota, they were able to get a waiver to allow family day care in public housing there. I do not have all the details on it.

But I would say, given the population that is served in public housing, you could just extrapolate and say, yes, there is a need there as great as anywhere else. It is low income people that are living there.

Chairman MILLER. Well, one of the expressed concerns of various members of the committee, has been to see whether or not it can be used as a resource to move people off of public assistance. And it would seem to me that that would greatly uncomplicate the problem.

Ms. STEVENSON. I would think so.

Chairman MILLER. If it was readily accessible right in their own community, so that they could take job training or entry level jobs or would have all the things that we want—we say we want those people to have.

Ms. STEVENSON. I think that, to be quite frank, I think in some situations the public housing might not be licensable space.

Chairman MILLER. I am finding—one of the things I am learning is that there is not a great deal of licensable space in the entire United States.

Ms. STEVENSON. Right.

Chairman MILLER. But that is not my problem. Oh, no. A lot of other people are going to get to deal with that one; not me. God could have put me in a State legislature, but he did not. [Laughter.]

In the jobs bill of last year we provided money for employment related day care to try to help the people who needed retraining. What happened to that money in California?

Ms. HITESHEW. You touched——

Chairman MILLER. Would you like to take a stab at that question?

Ms. HITESHEW. It really has not gotten out the door as yet. And part of that is really an administrative problem at the State level between the Department of Social Services and the Office of Child—the Child Development Division of the State Department of Education.

And I sort of like to speak to Patty on this, because she may have more direct experience than I. I know a lot of it is administrative at the State level.

And part of it, I think, also has to do with the fact that in many, many areas we do not have any child care representation on the PIC. So, there is not the pressure that is able to be mounted coming from the local level.

Ms. SIEGEL. There is really two sides to it, Betsy. The specific jobs bill money that George is referring to has gone out in a number of communities like San Francisco, because it went out through community development—through the Community Development Block Grants here.

And, I think—I am sure there are programs flow, other programs in the audience here today from San Francisco who basically received supplementary funding from Community Development to add slots to their child care programs, to help meet the needs of those trainees.

Betsy is talking about our specific child care piece here, AB 11-62 offered by Tom Base [ph]. The Federal bill.

Chairman MILLER. Right.

Ms. SIEGEL. And, I think, again, it has been very uneven across the counties. It really depends on the sort of enlightened state of who is administering Community Development Block Grant money. And if you have the advocacy mechanisms in place to get to those people, as we have had here in San Francisco through the work of the mayor's office of child care and others, you end up with good policy.

In those areas where you do not; the money sits. And so, you know, I think it is a real lesson again in the need for some coordination, in not just getting the money into the right, you know, sort of local agency, but some educational effort to help them know how to spend it.

Ms. STEVENSON. Also, I want to add that, a selling job had to be done on the Job Training Partnership Act money. It was never designated specifically for child care, there was a 15-percent administrative pot of money. California passed specific legislation to earmark at least part of that for child care. And, I think that will be a real step forward, if in the future in jobs bills, if they are going to address the fact that there are families with children who need to have job training, that they should address specifically child care. Then, we would not have to fight that battle at the State level to say; "Look, can't we use this for child care money," out of that administrative allocation.

Chairman MILLER. What about Nevada?

Ms. HEDGECOTH. It is available in a two urban—in Clark County, Las Vegas and in Reno.

Chairman MILLER. Do you know if the job related, employment related day care money has gone out to people who were unemployed or people who are taking job training?

Ms. HEDGECOTH. In training.

Chairman MILLER. In training.

Ms. HEDGECOTH. The problem that we found with some of it is that, it is fine for when the person is in training, it lasts, a period of like 6 months in which you have an infant that you are paying

$60 or $70 out a week And then once your training is over, you cannot afford the care.

Chairman MILLER. So, in the case of Nevada it is used just for the training period?

Ms. HEDGECOTH. Yes.

Chairman MILLER. Do you have any idea of the number of people that were involved with that?

Ms. HEDGECOTH. No, I do not.

Chairman MILLER. We do not know in California either, do we?

Ms. HEDGECOTH. Like I said, it is in the urban areas, not the rural areas. And there is a great need in our rural areas.

Chairman MILLER. Well, thank you very much for your time and your testimony; for sharing your concerns with us.

Thank you. [Applause.]

The fifth and final panel will be made up of: Antonia Lopez who is the staff development and education coordinator for the Foundation Center, Sacramento, and chair of the California Coalition of Migrant Child Development Agency Executives; and Valata Jenkins-Monroe who is the clinical psychologist, Institute for Developmental Studies in Oakland, and president of the bay area affiliate, National Black Child Development Institute; Sharon Schneider who is a parent from Carmichael; and Gail Gonzalez who is a health care coordinator from San Juan Bautista Child Development Centers, San Jose.

You have the time problem, Ms. Jenkins-Monroe, so why don't you go ahead and go first then.

STATEMENT OF VALATA JENKINS-MONROE, Ph.D., CLINICAL AND TRAINING COORDINATOR, INSTITUTE FOR DEVELOPMENTAL STUDIES, OAKLAND; PRESIDENT, BAY AREA AFFILIATE, NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE

Dr. JENKINS-MONROE. I am Valata Jenkins-Monroe, and I am president of the National Black Child Development Institute in the bay area.

And today I want to speak about training needs for day care—home day care providers.

In a time where schools in general appear to be in such turmoil, where violence against children is increasing, and there appears to be a resurgence of the right wing attitudes regarding how to deal with society problems; I feel that is critical to look closely at the environmental and the environment we create for our very young children.

Researchers constantly remind us that it is during these first few years that patterns of social interaction and cognitive development are formulated and tested. Historically, the nuclear family, mainly mother, was solely responsible for the care of their young infants and toddlers. However, the 1980's present a different picture.

Today, over 50 percent of mothers in the United States work outside of the home, and the figure is expected to rise to 75 percent by 1990. The fastest growing segment of these working mothers is among those with children under 2 years old.

Irrespective of whether this is seen as a positive or negative trend, the fact remains that large numbers of young children in

this country are cared for in family day care homes, day care centers or by someone other than their natural mothers.

When you combine this with the ever increasing literature on the feminization of poverty, a frightening profile emerges. A profile of children in their critical formulative years being left in care of others most frequently due to economic factors.

These same economic factors prevent these children from being put in centers or environments where there are trained professional staff aware of the developmental issues of the very young.

These so-called high quality settings are not only rare but extremely expensive, and clearly out of the reach of poor mothers who need the day care to go to low paying, subsistence jobs.

I am not arguing that family day care or care with a relative is necessarily poor quality care. Quite the contrary, some homes are wonderful environments for children. However, there are many day care providers who need help. Help in the area of addressing the special needs of young children who are being cared for in group settings; help in understanding the service that they provide; help in pinpointing and articulating many of the skills they intuitively share with their parents and children; help in understanding the cultural differences, similarities and uniqueness of a family; help in management of their small but vital business; and last but not least, help in how to go about getting assistance.

The purpose of training would enable providers to be kept aware of new and proven theories in child rearing. It would enable providers to be kept aware of legislation, affecting the day-care system and children, and how to be a more sophisticated child care providers.

The training would also initiate interaction among day care providers to increase professional communication. It would also promote professional development, and encourage high quality child care.

In the training area of the special considerations in working with special needs children, many day care home providers have minimal information on the normal developmental needs and processes of children; consequently, they are often reluctant to willingly and knowingly care for children with defined special needs such as: orthopedic, mental retardation, visual and deaf handicaps. On the other hand, they do encounter and are often puzzled with children who have serious emotional problems.

These emotional problems include, but are not limited to child abuse, child molestation and general violence within the home.

Many home care providers are not familiar with the laws that obligate them to report such cases, and further have little resource material available to instruct them of where and to whom to report.

In addition, the aggressive behavior of many of these children including: hitting, kicking and biting, are the source of cry from the providers for consultation and ongoing behavioral management training.

Our providers do provide a wealth of life-time experiences and gut-level understanding of the expectations of the children's behaviors. However, they sometimes are inexperienced in not only articulating their observations, but are also hesistant in the reaction

to the parents. They need assistance in their valid and essential role, and the respect that they are indeed professional and business people.

Thus, the training needs extend to areas such as: time management, money management, and organization, and management awareness. An umbrella for all of this training would be an emphasis on stress management and stress reduction for home day care providers who have little support as a group.

In conclusion, I would like to underscore the fact that children are rational beings, that their behavior is governed by certain learned rules and regulations which make sense to them.

It behooves us as parents and educators to insure that they are given the opportunity to grow and develop in environments which are safe and provide a positive framing of these rules and guidelines.

All children do have the potential to achieve, if we clear the path and create an environment which will facilitate their reaching their potential.

Thank you.

Chairman MILLER. Let me ask you something, because you have to leave. You are——

Dr. JENKINS-MONROE. I am a consultant——

Chairman MILLER. I know. I am just trying to think. What you are suggesting here is not that people who provide home family day care necessarily be required to have degrees, but that they have access to a system by which they can upgrade their talents or their knowledge.

Dr. JENKINS-MONROE. Exactly.

Chairman MILLER. You are not asking for a new system of licensing, necessarily at this point?

Dr. JENKINS-MONROE. No. And particularly I am talking about the day care home providers that do not have the opportunity that many centers do. They do have money available for training. These day care home providers, most of them are not even aware of some training possibilities that do exist. And they are asking, too, and they are realizing what it does take in order to care for a child; and they would like some training.

Chairman MILLER. Well, don't you think some of that is because family day care providers provide us a system that is meeting a need. As we have heard all day today here and elsewhere across the country the child care demand is so great. So, if you start looking at that system and realizing actually how casual it is, you are going to get the human cry for regulation, for much more regulation than you have now, which may in effect destroy that system since it is basically a marginal operation.

Dr. JENKINS-MONROE. Well, I think there are a couple of ways to look at it. I think that the day care providers are saying that they do want some assistance, and they do want to be recognized. And when you talk about regulations, I think you have to first say what you are going to be regulating. And retraining needs are pretty consistent with centers and home day care providers, too.

And it would be, I think, more profitable for providers to have that type of training and education, on the issues that we are talking about.

Chairman MILLER. But you are separating this out from a call for more regulation at this point?

Dr. JENKINS-MONROE. Yes.

Chairman MILLER. I am trying to make sure that shows up very clearly in the record here, because I think that, again it leads to some problems at the Federal level, if we think we are going to look at this industry that is providing a great deal of care, and then start imposing Federal regulations as opposed to more opportunity——

Dr. JENKINS-MONROE. To have training.

Chairman MILLER. OK. Thank you very much.

[Prepared statement of Valata Jenkins-Monroe follows:]

PREPARED STATEMENT OF VALATA JENKINS-MONROE, PH.D., CLINICAL AND TRAINING COORDINATOR, INSTITUTE FOR DEVELOPMENTAL STUDIES, OAKLAND, CA

In a time where schools in general appear to be in such turmoil, where violence against children is increasing, and there appears to be a resurgence of the "right wing" attitudes regarding how to deal with societal problems, I feel that it is critical to look closely at the environment we create for our very young children. Researchers constantly remind us that it is during these first few years that patterns of social interaction and cognitive development are formulated and tested. Historically, the nuclear family, mainly mother, was solely responsible for the care of their young infants and toddlers. However, the 1980's present a different picture. Today over 50 percent of mothers in the U.S. work outside of the home and the figure is expected to rise to 75 percent by 1990. The fastest growning segment of these working mothers is among those with children under two years old. Irrespective of whether this is seen as a positive or negative trend, the fact remains that large numbers of young children in this country are cared for in family day care homes, day care centers or by someone other than their natural mothers. When you combine this with the ever increasing literature on the feminization of poverty, a frightening profile emerges. A profile of children in their critical formulative years being left in the care of others most frequently due to economic factors. These same economic factors prevent these children from being put in centers or environments where there are trained, professional staff aware of the developmenal issues of the very young. These so called "high quality" settings are not only rare but extremely expensive and clearly out of the reach of poor mothers who need the day care to go to low paying, subsistence jobs. I am not arguing that family day care or care with a relative is necessarily poor quality care. Quite the contrary, some homes are wonderful environments for children. However, there are many day care providers who need help. Help in the area of addressing the special needs of young children who are being cared for in group settings; help in understanding the service they provide; help in pinpointing and articulating many of the skills they intuitively share with their parents and children; help in management of their small but vital business; and last but not least help in how to go about getting assistance.

In the training area of the special considerations in working with special needs children, many day care home providers have minimal information on the normal developmental needs and processes of children; consequently they are often reluctant to willingly and knowingly care for children with defined special needs such as orthopedic, mental retardation, visual and deaf handicaps. On the other hand, they do encounter and are often puzzled with children who have serious emotional problems. These emotional problems include but are not limited to child abuse, child molestation and general violence within the home. Many home care providers are not familiar with the laws that obligate them to report such cases, and further have little resource material available to instruct them of where and to whom to report. In addition the aggressive behavior of many of these children including hitting, kicking and biting are the source of cry from the providers for consultation and ongoing behavioral management training.

Our providers do provide a wealth of life-time experiences and gut-level understanding of the expectations of the children's behavior. However, they sometimes are inexperienced in not only articulating their observations, but are also hesistant of the reactions of the parents. They need assistance in their valid and essential role and the respect that they are indeed professionals and business people. Thus, the training needs extend to areas in time-management, money-management, and orga-

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nizational management awareness. An umbrella for all of this training would be an emphasis of stress management and stress reduction for home care providers who have little support as a group.

In conclusion, I'd like to underscore the fact that children are rational beings, that their behavior is governed by certain learned rules and regulations which make sense to them. It behooves us as parents and educators to insure that they are given the opportunity to grow and develop in environments which are safe and provide a positive framing of these rules and guidelines. All children do have the potential to achieve if we clear the path and create an environment which will facilitate their reaching their potential.

STATEMENT OF ANTONIA LOPEZ, EDUCATION AND STAFF DEVELOPMENT COORDINATOR, FOUNDATION CENTER FOR PHENOMENOLOGICAL RESEARCH, SACRAMENTO, CA; CHAIR COALITION OF MIGRANT CHILD DEVELOPMENT AGENCY EXECUTIVES

Ms. LOPEZ. Can I make a comment before I start?

Chairman MILLER. Sure.

Ms. LOPEZ. I look at family day care home services like I look at farm workers; nobody wants to look at what is happening to them, because if they find out, then it is going to be—it is an atrocity and a sham.

But I think that one—what I am going to speak to now is the family day care home delivery system that was developed by the Foundation Center for Phenomenological Research of which I am the education director.

I am also the Chair of the Coalition of Migrant Child Development Directors in California. That is an organization of 23 agencies working to serve specifically migrant children among other populations that we serve in 25 counties.

In California there are approximately 287,000 identified migrant eligible children under the age of 8. California serves approximately 3,000. Of the 287,000 eligible children, 95,000 of them are considered at risk, which means that they are in care of—they are alone in cars, in homes, by themselves or in the care of children under 8 for as much as 43 hours a week.

In our own program, in the three counties that we serve, 3 weeks ago we had a child who died in a drowning about 7 days before our child care center was opened. The ditch in which he fell was probably three-quarters of a mile away, but the parents were working and there was no child care available, and there was no one to care for them.

We have had last—last spring we had two infants who died in a fire, also. The parents had left the children under 5 alone. We had a child who lost an arm—hand on the weekend, even though there was child care available during the week, there was no weekend care.

So that when we talk about the 95,000 children at risk, we are talking about children who are endangered—whose life is endangered, and who, if we read the local rural papers we will see the incidents that occur over and over again. 50 percent of all migrant children who die, die in accidents related to drowning, fire and transportation, in vehicles.

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We have 200—excuse me, 2,600 of these 95,000 children are infants under 3, who are alone in care of—who are alone or in care of other young children.

California serves approximately 1 percent of the eligible population. We serve 86 percent of the children that are served. Migrant children are served in compounds, in a farm labor housing or in grower-subsidized housing camps. The remaining children, approximately 120, are served through family day care homes.

The Foundation Center is the only agency in California that is serving children through family day care homes. And why are we serving them through family day care homes? Well, primarily because there is no more housing or facilities available in farm labor compounds.

Unlike what we have said earlier, housing authorities, we have housing authorities in California where migrant child care centers are actually placed; there are 23 of them.

The family day care home system was developed because in rural California where farm workers are, we have no facilities; we have no church space facilities; we have no excess schools; we have no homes that can be remodeled.

And in those places where we can find a center style—center based care, the costs are prohibitive. We operate less than 7 months a year, for the most part, because we are only providing services during the peak harvest seasons. We are only there when the migrants come in for the major part of their work.

We began the study, the Foundation Center, determined to provide services in some rural counties in spite of lack of facilities; we began to study—looked into the opportunity of providing family day care homes, and found itself in a position of dealing with a number of other issues. The other issues included: being able to pilot and demonstrate that subsidized programs, that agencies receiving money from California, can afford to provide subsidized care to migrants through family day care homes in a new system; an employer employing family day care homes rather than contracting with them. We wanted to demonstrate that we could do it.

We wanted to demonstrate that we can eliminate or minimize the use of sweatshop style care for children, whether they are migrants or not.

As we have talked, everyone has talked consistently about the low wages and the high turnover. Family day care home providers in the counties that we work, that are not working with us, on the average make less then 50 percent of what we employ our family day care home providers for; we pay our people $1,200 a month, and it is plus other fringes, which I will talk about later.

So, many people are having to survive on less then $600 a month for full time 50 hours of care for children a week.

We wanted to demonstrate that high turnover does not have to be the rule. That we can develop family day care home providers and keep them over a long period of time, so that we can enhance the quality of care.

The Foundation Center employs family day care home providers. We provide our employees with health benefits which include: dental and vision, hospitalization and regular doctor's care. They have access to sick leave, to CTO. All our family day care home

providers on an average make 20 hours of CTO a month. That is an average. Some make more and some make less. Which they can either collect in cash at the end of each quarter or they can get it in time off. So that we can eliminate or tone down the burn out.

Our providers participate in a 24-unit child development training program, that is sponsored by Pacific Oaks in Pasadena, through their extension program. And among other things, we provide our family day care home providers with health services. They have access to nutritionists, to family nurse practitioners. We have a Montessori training program where Montessori trainers, certified Montessori trainers go into the home weekly and provide in-home direct training for the providers.

We have a very comprehensive child development program that I would—can say rivals any family day care home system in the State.

I think that it is important to look at the model; look at the things that have been difficult; things that we are still learning from, and as a possibility of disseminating the information to others.

Some of the recommendations—I will read the recommendations. The recommendations that we would like to propose is:

One. That there be developed a special home-finding system in rural areas, especially for Spanish speaking populations. Of the 22-family day care home providers that we have that are primarily Spanish speaking or only Spanish, the Foundation Center has had to find all of them.

We have had to work with them to translate all the regulations, title 22, all the Federal licensing regulations, and help them to get through the system, so that they could actually provide service.

Second, to develop a support system for family day care home providers. To encourage the development of family day care home associations with direct links to social services and other licensing agencies. To encourage school districts, local educational institutions including community colleges, county schools, offices, city libraries, parks and recreation facilities, State colleges, and the like, to provide support for family day care home associations including, but not limited to providing meeting space, access to training and educational materials and technical assistance in certain areas.

Third, to require that family day care home licensing agencies—agents be trained not only in the regulations and compliance functions, but be given direct support or—but to give direct support or referral in the area of business management, surviving on $7 a day per child, forming credit unions, organizing basic training which would include first-aid and CPR, linking with school district supports, and distinguishing between discipline and redirection, IBS for daily activities in menu planning, et cetera.

The licensing agent who is the Federal or regulatory person who has direct contact with these people would have some training in those areas.

Fourth, to identify migrant children in California and in the United States as a special population which is eligible for first priority of services in subsidized programs in a manner similar to the protective services referrals here in California.

Fifth, to mandate that under chapter 2 of migrant education rules and regulations, no less than 25 percent of all funds available in migrant be directed to child care and preschool age programming.

Sixth, to review and clarify rules and regulations of migrant education, to ensure that migrant infants and toddlers are not denied services because they have been born in the county in which the services are provided.

Seventh, to make Federal dollars available through Head Start and the Indian Migrant Programs Division for agencies that wish to develop employee family day care provider network such as the one that we operate.

This is—we are operating in the California subsidized program; we are suggesting that this model be shared with the Federal IMPD.

Eighth, to encourage housing and community development block grant funds which go directly to housing authorities be set aside for the expansion of child care facilities in those housing communities. If no existing facilities are available for expansion of child care in these places, to construct new facilities or renovate existing homes in those housing centers.

In these cases, also encourage park and recreation districts to work in conjunction with the local housing authority to provide safe, secure, and supervised play areas for young children.

To make expansion of facilities in migrant housing centers, and the renovation of homes within the centers a very high priority.

Tenth, to disseminate information on the cost effectiveness and cost efficiency of family day care homes as a way to increase services to children from migrant and agricultural worker families.

And, finally, to establish a national institute for the study of family day care homes, which would, among other things, focus on discussion of national and State policy and regulatory issues; to focus on and encourage development of family day care home networks and associations.

Three, development of correspondence-style as well as conference-style training institutes and business management curriculum, special needs, management of weariness, I added.

And, four, develop a toll free number which would provide emergency resources and access to other local resources in the States or localities in which the providers are working.

So, that is basically my testimony.

Chairman MILLER. Thank you. It is a full menu. [Applause.]

[Prepared statement of Antonia Lopez follows:]

PREPARED STATEMENT OF ANTONIA LOPEZ, EDUCATION AND STAFF DEVELOPMENT COORDINATOR, FOUNDATION CENTER FOR PHENOMENOLOGICAL RESEARCH, INC., CHAIR, COALITION OF MIGRANT CHILD DEVELOPMENT AGENCY EXECUTIVES

BACKGROUND

The Foundation Center for Phenomenological Research, Inc., is a private, not-for-profit organization headquartered in Sacramento, California. The Foundation Center received funding from the Child Development Division, State Department of Education, to provide child development services to families and children eligible for subsidized services in five California Counties (Los Angeles, Modoc, Placer, Sacramento, and Yolo). The Foundation Center delivers those services through two vehicles: Child Development Centers and Family Day Care Homes. Approximately 86

per cent of the children served are non-English speaking. The Foundation Center is the only agency funded by the State Department of Education to provide services to migrant families through the use of Family Day Care Homes.

We were invited to participate on this panel today to discuss the special features of this migrant service delivery model. In addition to my role as Education and Staff Development Director with the Foundation Center, I also serve as the Chair of the Coalition of Migrant Child Development Agency Executives in the State of California. In this role, I speak on behalf of migrant child development providers in areas related to the development of legislation, interpretation of rules and regulations, and advocacy for migrant child development services.

MIGRANTS IN CALIFORNIA

In 1980, the State Department of Education published a report (A Survey of Child Care Needs of Migrant Farmworkers in the State of California), describing characteristics of children from migrant agricultural worker families, those families themselves, and the needs of those families for child care. That study conservatively estimated that approximately 287,000 children are eligible for subsidized child care services in the State.

Of these, 95,000 are classified as "at risk". This means that they are left alone or in the care of other young children for periods averaging 43 hours per week. Of this group, the most at-risk children are infants and toddlers under the age of three. It was estimated that roughly 2,600 children under three years of age are left alone in cars, in boxes at the ends of rows in the fields, or by and near tents.

Other reports and studies indicate that 90 percent of migrant children are anemic, 15 percent of them have life-threatening health problems which tend to go undiagnosed, and the majority have other chronic health problems which, because of lack of diagnosis, develop into major health problems. This latter group includes hearing loss, major vision loss, and severe dental carries resulting in loss of teeth. Fifty percent of the children under 14 who die die as a result of accidents related to farmwork. Almost 50 percent of those accidental deaths are caused by drowning in irrigation ditches and canals. Other accidental deaths occur as a result of tractor and other farm vehicular accidents and fires. Migrant children have 25 times the mortality rate as American infants—which in itself is quite high—and have 2,500 times more cases of tuberculosis than the National average.

Of the 287,000 eligible children in the State of California, subsidized services are provided to slightly more than 3,200.

All but 120 of the children through subsidized care are served through Child Development Centers. Therefore, 2,880 children are served through center-based care. These children are served in 25 Counties by 23 different and independent agencies. The majority of them provide services for less than seven months per year and operate Centers in State-funded and administered Migrant Housing Centers. The balance of the agencies provide services in rural communities using portable facilities, grower-owned community centers, and churches. The State-subsidized Migrant Housing Centers (also known as "labor camps") have been serving at their maximum capacities since 1980. Without new construction in the Migrant Housing Centers themselves, there is literally no more room for migrant children.

WHY FAMILY DAY CARE?

Next to funding, the most serious problem faced by agencies trying to serve the migrant child is the lack of facilities or Child Development Centers. Without new construction in the existing Migrant Housing Centers—and, indeed, without construction of new Migrant Housing Centers themselves—not more than the 2,880 children already served through center-based care can receive services.

Because the majority of the care is provided for less than seven months each year, renting, leasing, or acquiring facilities in rural communities is almost impossible. The buildings that are available in rural areas often cannot meet licensing requirements without major capital improvements. Yet, the space available is often so small that it would not be cost effective to improve the buildings at high cost when only 20 to 25 children will be served. Often it is the case that, where buildings are available to rent or lease, the part-year use factor forces rental fees to exasperatingly high levels. In addition, the landlord who wants to maximize his/her income potential typically will not hold the building for the part-year tenant if a full-year possibility occurs.

The Foundation Center has successfully experimented with the Family Day Care Home Model for service delivery to children from migrant agricultural worker families. It is pioneering efforts to demonstrate that Family Day Care Homes can be a

cost-effective, safe, and available option for increasing services to children from migrant families.

The Foundation Center has found in its four years of experience in using the Model that the advantages of Family Day Care Homes are:

The Family Day Care Home Provider can be a person who is culturally and linguistically similar to the children requiring care.

Homes can be located near the parents' worksites. Center-based care, when located outside of a Migrant Housing Center or other labor camp, often poses serious transportation problems for the family.

Homes allow children to be served for a long day (i.e., more than 11.5 hours) in a noninstitutional setting.

Family Day Care Home Providers and parents tend to develop compadrazco relationships which enhance the quality of care given to the child and to the development of supportive relationships with children. The Provider and her family become a part of the migrant child's extended family.

Family Day Care Home Providers become "cultural brokers" to the migrant family, introducing them to the services and resources available in the communities where they work in the way a friend would help another. Family Day Care Home Providers often respond to problems experienced by the migrant family which that family would hesitate to mention to even the most supportive center-based staff.

Children and families who are "alone" develop real friendships with the Provider's own children. A "buddy system" develops that helps the migrant child who attends public schools. The Provider's child helps bridge the social transition for the migrant child and she/he becomes part of the support system at school. Sometimes, Provider and migrant children alike call themselves primos (cousins).

THE FOUNDATION CENTER'S FAMILY DAY CARE HOME MODEL

The Foundation Center's model capitalizes on the advantages of having local, cultural, and linguistically similar Family Day Care Home Providers who themselves are well known and thought of in their communities. After selection, the Family Day Care Home Provider is given extensive support in preparing her home and her family for the migrant child.

The Foundation Center employs the Family Day Care Home Provider. This means that the Provider is eligible for, and is a recipient of, salaries and fringe benefits accessible to any other employee of the organization. This includes health benefits, sickleave, compensatory time off (CTO) for overtime worked, and the like. The Provider is employed at the monthly rate of $1,200. Typically, this is twice as much what the Provider could earn if she provided child care as a contractor working directly with parents. The Foundation Center is the largest of the three agencies in the State of California who employ Family Day Care Home Providers and the only organization that serves migrant children.

The Foundation Center provides direct educational support to the children. The agency provides an average of $2,000 per year in instructional equipment and consumable educational materials to each Family Day Care Home Provider. The Provider is assigned, for example, two easels, one phonograph, two small rectangular tables, four to six chairs in varying sizes, cribs for infants, one circular coat locker, mats and mat holders, and First Aid Kits. The principle here is that each migrant child in a Family Day Care Home should have access to the same quality of materials, furniture, and supplies that would be available to them in a Child Development Center.

In addition to the basic supplies and equipment for each Home ("basic supplies" are defined to include records, art supplies, manipulatives, dramatic play items, and puppets), the Foundation Center has a "rotation box" system in place that provides each Home with additional equipment each week. At their weekly business meetings, Providers rotate the boxes which contain educational books, records, science and math equipment, outdoor equipment, and the like.

The Foundation Center assists the Family Day Care Provider in meeting all the licensing requirements in the County in which she resides. The majority of the Providers serving migrant children are themselves non-English speaking. This means that the Foundation Center translates all of the required documents from the local licensing authority to Spanish and assists the Providers in meeting the requirements for physical examinations, TB tine tests, fingerprints, and others.

The "Project Liaison", equivalent to a Center-based site manager, prepares the Family Day Care Home Provider for the onsite inspection of the licensing agent. More often than not, she (the Project Liaison) translates for the agent. She also identifies the health and safety problems that the licensing agent will identify and

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assists the Provider in correcting those problems before the licensing visit. The Foundation Center has had success in bringing Community Development Block Grant Program funds to homes where capital outlay was a major problem. Those funds have been used to install fences, sewage tanks, remodel bathrooms, repair flooring and broken windows, and close off storage and garage areas.

The Foundation Center provides direct health and nutritional support to the children and Provider. Each migrant child served through the Foundation Center's Homes are provided with a complete physical examination and vision, dental, and audio screenings within 30 days after their enrollment. This is accomplished through the Foundation Center's episodic clinics, held in the communities where the migrant family temporarily resides. Parents of children and Family Day Care Home Providers also participate in Health Carnivals in which they go through each of the major health stations that are included in the child's physical examination: Hematocrit (check for anemia), blood pressure (check for hypertension), urinalysis (check for diabetes), height and weight, Snellen Chart (check for vision), audiometer (check for hearing), and—when possible—breast "self-examinations". The Foundation Center has found that, more often than not, when a parent is anemic, her child will also be and vice versa.

The Health Carnival is a wonderful educational tool for the parent. Parent attendance at the episodic health clinics, structured for children, has found to increase tremendously if the episodic clinic is preceded by the Health Carnival.

At the end of the episodic clinic, i.e., after each member of the family to be served by the program has received a physical examination, the Family Nurse Practitioner meets for a "case conference" with the parent, the Family Day Care Home Provider, and the Project Liaison. Discussed are possible needs for referrals, potential health care providers, and the family's "health profile". The Family Day Care Home Provider obtains invaluable information through these conferences which she can use in her work as Teacher with the migrant child. In addition, the conference increases the "bonding" between the Provider and the parent because both become partners in the task of improving the child's health.

Because the majority of migrant children are anemic, the Foundation Center gives the Family Day Care Home Provider prepared "Menus" which she uses on a daily basis. These menus are all high-iron ones, designed to eliminate or to control anemia through diet. The Family Day Care Home Provider is given a weekly food budget and participates in weekly group food shopping experiences with her peers and the Project Liaison. During these experiences, she learns a great deal about nutrition and healthful foods. She also has an opportunity to share recipes with her colleagues.

The Foundation Center also provides training services to its staff of Family Day Care Home Providers. The bottom line to the delivery of quality services to children is the personal qualities that the Provider brings, her relationship and commitment to the children she serves, and her preparation and skills for and in the work.

The Foundation Center has a rigorous recruitment program, designed to identify those with the requisite personal qualities. It has an equally rigorous—and vigorous—inservice training program to develop the basic skills of the Provider.

Each Family Day Care Home Provider participates in no less than 20 days of training per year. These training days are scheduled before, during, and after the work season.

The training topics include everything from basic Child Growth and Development to Common Health Problems of Infants and Young Children. Also included is an eight-hour certificated First Aid Course, Montessori Practical Life Education, Infant Development, Nutrition for Young Children, Discipline, Menu and Food Management, Parent Involvement, and Provider-Parent Relationships.

The Family Day Care Home Providers are currently enrolled in a 12-unit college credit, early childhood education program designed by the Foundation Center and accredited by Pacific Oaks College in Pasadena, California. Pacific Oaks College is one of the most reputable teacher training institutions in California, specializing in Early Childhood Education. In addition to the before- and afterwork season training experiences, the Providers participate in weekly staff meetings under the direction of the Project Liaison. Here, the Providers see new materials introduced and learn the best ways to demonstrate new jobs to children.

The Foundation Center's tremendously positive experience with Family Day Care Homes—and the Family Day Care Home Providers who staff them—has led the Foundation Center to make the following recommendations to this group:

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RECOMMENDATIONS

1. Develop special "home-finding" systems in rural areas, especially for Spanish-speaking populations.

Translate the Title 22 and Federal licensing regulations pertaining to licensure of Family Day Care Homes into Spanish and conduct special outreach efforts to allow for active recruiting of non-English speaking Providers. Allow Family Day Care Home Providers in rural areas and in non-English speaking "high need" areas to qualify for licenses under special conditions which allow them to come into compliance during their first six months of operation rather than prior to licensure.

2. Develop support systems for Family Day Care Home Providers. Encourage the development of Family Day Care Home Associations with direct links to social service and/or licensing agencies. Encourage school districts, local educational institutions (including school districts, community colleges, County School Offices, libraries, parks and recreational facilities, state colleges, and the like) to provide support for Family Day Care Home Associations including, but not limited to, providing meeting space, access to training and educational materials, and technical assistance in certain areas.

3. Require that Family Day Care Home licensing agents be trained not only in regulations and compliance functions but in giving direct support or referrals in the areas of business management, surviving on seven dollars per day per child, obtaining affordable liability insurance for homes, buying into health plans, forming credit unions, organizing basic first aid and CPR (cardiopulmonary resuscitation) training, linking with school district supports, and the like.

4. Identify migrant children in the United States as a special population which is eligible for first priority of services in subsidized programs in a manner similar to the "protective services" referrals in the State of California.

5. Mandate that under Chapter 2 of Migrant Education rules and regulations no less than 25 per cent of those funds be directed to the care and development of preschool-aged children between the ages of one day and six years.

6. Review and clarify rules and regulations of Migrant Education to ensure that migrant infants are not denied services because they may have been born in the County in which the services are provided even though the other children and family members qualify for services as migrants.

7. Make Federal dollars available through Headstart and the Indian Migrant Programs Division for agencies that wish to develop employee-style family day care home provider networks to serve Indians and migrants.

8. Encourage the development of Family Day Care Home and Child Development Center or educational agency relationships so that each service delivery vehicle will be enhanced by interaction through the other (for example, Family Day Care Home Providers can "rotate" into Child Development Centers for one month at a time to learn routines and transitions).

9. Encourage that Housing and Community Development Block Grant funds which go directly to Housing Authorities be set aside for the expansion of child care facilities in those communities. If no existing facilities are available for expansion of child care services, construct new facilities or renovate homes in those housing centers so that they will be eligible for licensing.

In those cases, encourage parks and recreation districts to work in conjunction with the local housing authority to provide safe and secure play areas for young children.

Make expansion of facilities in Migrant Housing Centers and renovation of homes within the Centers a very high priority. However, identify those rural public housing projects which serve a high percentage of migrant agricultural working families and provide them with incentives to provide child care on site, expand child care services if they are already available, or institute renovations of homes to be used as Family Day Care Homes in those projects where expansion of center-based care is not realistic.

10. Require that all child development agencies directly or indirectly receiving Federal dollars "sponsor" or become the mentor for a given number of Family Day Care Home Providers within their service areas. Sponsoring or "mentoring" could assist Providers in developing their own Family Day Care Home Associations, assist them in the provision of meeting space, provide them access to educational supports (such as libraries, resource teachers, space at training workshops held by agencies, and assistance in nutrition planning), and assist them in the identification of children with special needs.

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11. Disseminate information on the cost-effectiveness and cost-efficiency of Family Day Care Homes as a way to increase services to children from migrant agricultural worker families.

12. Establish an institute for the study of Family Day Care Home Providers; among other things, this institute would provide training for licensing agents in the intracies of recruiting Family Day Care Homes and licensing them in rural areas, develop a training program on basic resources, provide a toll-free number for emergencies, develop resource directories for Family Day Home Providers (especially those in rural areas), publish monthly or quarterly newsletters for Family Day Care Homes by region, and provide localized and specialized training workshops for Family Day Care Home Providers in rural areas on topic of health, safety, nutrition, and the like.

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Services to Hispanic Children in California Child Development Programs

Compiled for

California Legislative Hispanic Conference
Child Care Panel
May 2, 1984

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Antonia Lopez, Chair
Coalition of Migrant Child Care and Development
Agency Directors

RECOMMENDATIONS IN MIGRANT EDUCATION March 1979

By: Governor's Advisory Committee on Child Development Programs
915 Capitol Mall, Room 260, Sacramento, Ca. 95814

- Expansion of existing child care services in Public Housing (Farm Labor Camps) as well as outside of camps

-Require that OCD mandate that other child care program providers develop plans to meet seasonal day care needs of migrants in their service area

-Fund the construction of additional infant care facilities. Set-aside funds for the equiping of new infant centers and for staff training for new infant care givers

-Direct the Department of Health Services to fund services to migrant children in accordance to their need for care, rather than in accordance to "age and method of payment" priorities

-Develop 15 health care centers in California at an approximate cost of 18 ne million dollars.

-Request additional $250,000 from Title I ESEA for migrant child care programs. Monitor use of existing Title I ESEA to ensure their appropriate use by programs.

-Allocate a minimum of $9,000,000 for construction of new day care facilities statewide.

-Allocate necessary funds to bring all In-Camp day care centers in compliance with minimum standards.

-Define role of Camp Tenant Councils in determining off-season use of facilities, including homes and day care center and to monitor the provision of services by the state departments which serve agricultural workers.

-Require that the Department of Health Services enforce field health safety laws as well as to take necessary action to protect infants and children from exposure to pesticides and protection from farm machinery and irrigation ditches.

-Require that the State Department of Social Services comply with Federal Medicaid regulations requiring that no one be discriminated against by denial of federal funds for medical care if residence has changed for work purposes.

-Mandate coordination of state and federal services to agricultural workers offered by the State Departments of Health, Education, Housing and Community Development, Employment Development and Social Services.

-Create an executive staff position within the Administration.

-Fund the Rural Health Services Division, Department of Health to update figures on the number of agricultural children in California

-Direct OCD to develop a policy on bilingual education for migrant children.

-Direct OCD to develop a bilingual teaching library
-Require that migrant child care workers receive comprably salaries and fringe benefits as other child care workers.

SERVICES FOR YOUNG CHILDREN OF MIGRANT FARMWORKERS February, 1981

By: Child Development Programs Advisory Committee, Sacramento, Ca.

SUMMARY OF RECOMMENDATIONS

For Immediate Implementation:

1. Creation of an interagency task force to study issues related to the delivery of services to migrant farmworker children. Emphasis would be directed to services to children ages 0-5.
2. Allocation of one/2 time within the Office of Child Development to service the task force.
3. Conjoint monitoring of housing camp sites and facilities by the Office of Child Development, Office of Migrant Education and Housing and Community Development's Office of Migrant Services.
4. Appointment of a parent representative from an Office of Child Development-funded migrant child care program to Migrant Education's Statewide Parent Advisory Council.
5. Establishment and coordination of a working relationship between state-funded programs that serve migrant farmworker children ages 0-5 and the Indian Migrant Program Division of Head Start to be initiated by the Office of Child Development.
6. Gubernatorial commendation of the Office of Migrant Education's Interagency Task Force as a model for coordinative efforts on behalf of migrant children.

For Further Study and Implementation:

1. Conducting of a state-wide census of migrant farmworker children and their families during peak harvest seasons in each county.
2. Expansion of OCD's migrant child care and development program budget commensurate with census findings.
3. Creation of a referral/access system to supportive services for migrant farmworker families.
4. Expansion of Child Health and Disability Prevention funding and criteria to include all categories of migrant farmworker children as defined in SB 863.
5. Creation of a field-based certificate of competence for migrant child care workers.
6. Replacement of currently-existing migrant housing camps with community-based multi-service centers that insure access to housing resources, child care facilities and health and social services for migrant farmworker families.
7. Annual review by the Governor's Advisory Committee on Child Development Programs on the status of services to migrant farmworker children.

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RECOMMENDATIONS IN MIGRANT EDUCATION March 1979

by: Governor's Advisory Committee on Child Development Programs
915 Capitol Mall, Room 260, Sacramento, Ca. 95814

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- Expansion of existing child care services in Public Housing (Farm Labor Camps) as well as outside of camps

-Require that OCD mandate that other child care program providers develop plans to meet seasonal day care needs of migrants in their service area

-Fund the construction of additional infant care facilities. Set-aside funds for the equiping of new infant centers and for staff training for new infant care givers

-Direct the Department of Health Services to fund services to migrant children in accordance to their need for care, rather than in accordance to "age and method of payment" priorities

-Develop 15 health care centers in California at an approximate cost of ten se million dollars.

-Request additional $250,000 from Title I ESEA for migrant child care programs. Monitor use of existing Title I ESEA to ensure their appropriate use by programs.

-Allocate a minimum of $9,000,000 for construction of new day care facilities statewide.

-Allocate necessary funds to bring all In-Camp day care centers in compliance with minimum standards.

-Define role of Camp Tenant Councils in determining off-season use of facilities, including homes and day care center and to monitor the provision of services by the state departments which serve agricultural workers.

-Require that the Department of Health Services enforce field health safety laws as well as to take necessary action to protect infants and children from exposure to pesticides and protection from farm machinery and irrigation ditches.

-Require that the State Department of Social Services comply with Federal Medicaid regulations requiring that no one be discriminated against by denial of federal funds for medical care if residence has changed for work purposes.

-Mandate coordination of state and federal services to agricultural workers offered by the State Departments of Health, Education, Housing and Community Development, Employment Development and Social Services.

-Create an executive staff position within the Administration.

-Fund the Rural Health Services Division, Department of Health to update figures on the number of agricultural children in California

-Direct OCD to develop a policy on bilingual education for migrant children.

-Direct OCD to develop a bilingual teaching library
-Require that migrant child care workers receive comprably salaries and fringe benefits as other child care workers.

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From: Annual Report on Publicly Subsidized Child Care Services
Part I
Child Development Programs, 1979-80

Child Development Programs are focused on children under five years of age. Licensed, exempt-day child care services are also provided. The categories of the programs administered by the Office of Child Development are: General Child Care and Development (General Center Based, General Family Day Care Home, Migrant, Campus, School-age Parenting and Infant Development, Alternative Payment, Resource and Referral), Special Programs (Indochinese refugee, Intergenerational, Handicapped, State Preschool Incentive).

Programs provide services during the work day. About 90% are open for nine or more hours per day. Migrant programs (80%) operate for more than ten hours per day.

Service Levels

1978-79	$180,351,796	197,513 children served
1979-80	$180,351,796	199,884 children served

Ethnic Breakdown

Ethnic Group	% Children Served	% Staff Employed Agency-Level	% Staff Employed Center Level
Hispanic	31%	17%	19%
White	37%	63%	64%
Black	27%	11%	10%
Pacific/Islander Filipinos Native American Asian			6%

Comparison of Ethnic Distribution of California Families Served With Families Served by Child Development Services

	All families in California	California families below 90% state median income level*	Families in child development programs
American Indian or Alaskan Native	1%	1%	1%
Asian or Pacific Islander	3	3	4
Black	8	11	27
White	76	68	37
Hispanic	12	17	31
Total	100%	100%	100%

*Department of Finance, Survey of Income and Education File, 1978.
**Adjusted Count of Families by Ethnicity and Median Income

From: Annual Report on Publicly Subsidized Child Care Services
Part II
State Preschool Program, 1979-80

A Report to the Joint Legislative Budget Committee (Ed Code 8343.5)
California State Department of Education, 1981

The State Preschool Program is a part-day educational program for prekindergarten children aged three years to four years, nine months, from low-income families. The program emphasizes parent education and parent involvement and includes health, nutrition, social services, and staff development components in addition to basic preschool educational activities.

Service Levels

1978-79	$27,010,184	36,300 children served/reported
1979-80	$27,010,184	38,100 children served/reported

Ethnic Breakdown

Ethnic Group	% Children Served		
Hispanic	42%	9%	26%
Black	23%	41%	15%
White	23%	44%	15%
Filipino Asian/Pacific American Indian	6%	not reported	not reported

"Next to Migrant Child Care Services, the State Preschool Program is the greatest source of subsidized care for Hispanic children in California. However, there appears to be a need to increase the number of bilingual staff and services to limited- and non-English speaking children." (from page 3, Executive Summary, Part II, Annual Report on State Preschool, 1979-80)

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RECOMMENDATION BY THE GAC ON MIGRANT CHILD DEVELOPMENT TAKEN FROM REPORTS DATED March 1979 and February 1981

RECOMMENDATIONS IN MIGRANT EDUCATION March 1979

by: Governor's Advisory Committee on Child Development Programs
915 Capitol Mall, Room 260, Sacramento, Ca. 95814

- Expansion of existing child care services in Public Housing (Farm Labor Camps) as well as outside of camps

-Require that OCD mandate that other child care program providers develop plans to meet seasonal day care needs of migrants in their service area

-Fund the construction of additional infant care facilities. Set-aside funds for the equiping of new infant centers and for staff training for new infant care givers

-Direct the Department of Health Services to fund services to migrant children in accordance to their need for care, rather than in accordance to "age and method of payment" priorities

-Develop 13 health care centers in California at an approximate cost of 10 to million dollars.

-Request additional $250,000 from Title I HSEA for migrant child care programs. Monitor use of existing Title I HSEA to ensure their appropriate use by programs.

-Allocate a minimum of $9,000,000 for construction of new day care facilities statewide.

-Allocate necessary funds to bring all In-Camp day care centers in compliance with minimum standards.

-Define role of Camp Tenant Councils in determining off-season use of facilities, including homes and day care center and to monitor the provision of services by the state departments which serve agricultural workers.

-Require that the Department of Health Services enforce field health safety laws as well as to take necessary action to protect infants and children from exposure to pesticides and protection from farm machinery and irrigation ditches.

-Require that the State Department of Social Services comply with Federal Medicaid regulations requiring that no one be discriminated against by denial of federal funds for medical care if residence has changed for work purposes.

-Mandate coordination of state and federal services to agricultural workers offered by the State Departments of Health, Education, Housing and Community Development, Employment Development and Social Services.

-Create an executive staff position within the Administration.

-Fund the Rural Health Services Division, Department of Health to update figures on the number of agricultural children in California

-Direct OCD to develop a policy on bilingual education for migrant children.

-Direct OCD to develop a bilingual teaching library
-Require that migrant child care workers receive comprably salaries and fringe benefits as other child care workers.

SERVICES FOR YOUNG CHILDREN OF MIGRANT FARMWORKERS February, 1981

by: Child Development Programs Advisory Committee, Sacramento, Ca.

SUMMARY OF RECOMMENDATIONS

For Immediate Implementation:

1. Creation of an interagency task force to study issues related to the delivery of services to migrant farmworker children. Emphasis would be directed to services to children ages 0-5.

2. Allocation of staff time within the Office of Child Development to assist the task force.

3. Complete monitoring of housing camp sites and facilities by the Office of Child Development, Office of Migrant Education and Housing and Community Development's Office of Migrant Services.

4. Appointment of a parent representative from an Office of Child Development-funded migrant child care program to Migrant Education's Statewide Parent Advisory Council.

5. Establishment and coordination of a working relationship between state-funded programs that serve migrant farmworker children ages 0-5 and the Indian Migrant Program Division of Head Start to be initiated by the Office of Child Development.

6. Intersectorial communication of the Office of Migrant Education's Interagency Task Force as a model for coordinative efforts on behalf of migrant children.

For Further Study and Implementation:

1. Conducting of a state-wide census of migrant farmworker children and their families during peak harvest seasons in each county.

2. Expansion of OCD's migrant child care and development program budget commensurate with census findings.

3. Creation of a referral/access system to supportive services for migrant farmworker families.

4. Expansion of Child Health and Disability Prevention funding and criteria to include all categories of migrant farmworker children as defined in SB 863.

5. Creation of a field-based cost/quality of competence for migrant child care workers.

6. Replacement of currently-existing migrant housing camps with community-based multi-service centers that insure access to housing resources, child care facilities and health and social services for migrant farmworker families.

7. Annual review by the Governor's Advisory Committee on Child Development Programs on the status of services to migrant farmworker children.

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FROM: Annual Report on Publicly Subsidized Child Care Services
Part II
State Preschool Program, 1979-80

A Report to the Joint Legislative Budget Committee (Ed Code 8243.5)
California State Department of Education, 1982

The State Preschool Program is a part-day educational program for prekindergarten children aged three years to four years, nine months, from low-income families. The program emphasizes parent education and parent involvement and includes health, nutrition, social services, and staff development components in addition to basic preschool educational activities.

Service Levels

1978-79	$27,016,166	26,500 children served/reported
1979-80	$27,016,166	20,100 children served/reported

Ethnic Breakdown

Ethnic Group	% Children Served		
Hispanic	42%	9%	26%
Black	28%	41%	35%
White	25%	44%	35%
Filipino Asian/Pacific American Indian	6%	not reported	not reported

"Next to Migrant Child Care Services, the State Preschool Program is the greatest source of subsidized care for Hispanic children in California. However, there appears to be a need to increase the number of bilingual staff and services to limited- and non-English speaking children." (from page 3, Executive Summary, Part II, Annual Report on State Preschool, 1979-80)

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From: Annual Report on Publicly Subsidized Child Care Services
Part I
Child Development Programs, 1979-80

Child Development Programs are focused on children under five years of age, however, extended-day child care services are also provided. The categories of the program administered by the Office of Child Development are: General Child Care and Development (General Center Based, General Family Day Care Home, Migrant, Campus, School-age Parenting and Infant Development, Alternative Payment, Resource and Referral), Special Programs (Handicapped refugee, Intergenerational, Handicapped, State Preschool Incentive).

Programs provide services during the work day. About 98% are open for nine or more hours per day. Migrant programs (85%) operate for more than ten hours per day.

Service Levels

1978-79	$180,551,796	107,511 children served
1979-80	$180,551,796	109,884 children served

Ethnic Breakdown

Ethnic Group	% Children Served	% Staff Employed Agency-Level	% Staff Employed Center Level
Hispanic	21%	17%	15%
White	37%	43%	44%
Black	37%	31%	30%
Pacific/Islander Filipinos Native American Asian			4%

Comparison of Ethnic Distribution of California Families Served With Families Served by Child Development Services

	All families in California	California families below 84% state median income level*	Families in child development programs
American Indian or Alaskan Native	1%	1%	1%
Asian or Pacific Islander	3	3	4
Black	8	11	27
White	76	68	37
Hispanic	12	17	31
Total	100%	100%	100%

*Department of Finance. Survey of Income and Education File. 1978. "Weighted Count of Families by Ethnicity and Median Income (All.1071."

From: Annual Report on Publicly Subsidized Child Care Services
Part II
State Preschool Program, 1979-80

A Report to the Joint Legislative Budget Committee (Ed Code 8243.5)
California State Department of Education, 1982

The State Preschool Program is a part-day educational program for disadvantaged children aged three years to four years, nine months, from low-income families. The program emphasizes parent education and parent involvement and includes health, nutrition, social services, and staff development components in addition to basic preschool educational activities.

Service Levels

1978-79	$27,016,166	18,500 children served/reported
1979-80	$27,016,166	18,100 children served/reported

Ethnic Breakdown

Ethnic Group	% Children Served		
Hispanic	42%	9%	28%
Black	28%	41%	33%
White	25%	44%	35%
Filipino Asian/Pacific American Indian	6%	not reported	not reported

"Next to Migrant Child Care Services, the State Preschool Program is the greatest source of subsidized care for Hispanic children in California. However, there appears to be a need to increase the number of bilingual staff and services to limited- and non-English speaking children." (from page 3, Executive Summary, Part II, Annual Report on State Preschool, 1979-80)

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Part I
Child Development Programs, 1979-80

Child Development Programs are focused on children under five years of age, however, extended-day child care services are also provided. The categories of the program administered by the Office of Child Development are: General Child Care and Development (General Center Based, General Family Day Care Home, Migrant, Campus, School-age Parenting and Infant Development, Alternative Payment, Resource and Referral), Special Programs (Indochinese refugee, Intergenerational, Handicapped, State Preschool Incentive).

Programs provide services during the work day. About 88% are open for nine or more hours per day. Migrant programs (80%) operate for more than ten hours per day.

Service Levels

1978-79	$180,551,796	107,513 children served
1979-80	$180,551,796	109,084 children served

Ethnic Breakdown

Ethnic Group	% Children Served	% Staff Employed Agency-level	% Staff Employed Center Level
Hispanic	21%	17%	15%
White	37%	43%	44%
Black	37%	31%	36%
Pacific/Islander Filipinos Native American Asian			4%

Comparison of Ethnic Distribution of California Families Served With Families Served by Child Development Services

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FROM: DEVELOPMENTAL NEEDS OF YOUNG BILINGUAL CHILDREN, May, 1982

Child Development Programs Advisory Committee
915 Capitol Mall, Room 250, Sacramento, California 95814

RECOMMENDATIONS

Parents want their children to learn English absolutely. But they don't want their language and their heritage destroyed in the process.

Peter Schilla
Western Center on Law and Poverty

Assessment

1. The Office of Child Development (OCD) should complete its development and field test of the Bilingual Bicultural Migrant Education Program Assessment. The Office can then bring together evaluators of test data. If this instrument meets criteria, the OCD should make the instrument and technical assistance in its use available to all child development programs.

2. If the Program Assessment does not prove to be appropriate to all programs, the OCD should develop an appropriate assessment instrument and distribute it--again with technical assistance in its use.

3. Personnel development programs within the State Department of Education (SDE) should provide workshops to child care agencies giving directions on overview of the four Head Start models for bilingual early education programs.

Curriculum

4. OCD should establish resource centers for bilingual education of young children, one each in Southern California, Fresno, and the Bay Area (see attached).

5. OCD should assist in the development of a network or consortium of programs with a strong bilingual emphasis--similar to the Resources and Referral network and the Association of Alternative Payment programs--and provide consultant support to the consortium.

6. The Commission for Teacher Preparation and Licensing should develop a method to assess and certify the bilingual proficiency of Early Childhood Specialist credential and Children's Center permit holders.

7. The Commission (CTPL) should develop a method to certify the bilingual competency of children's center aides.

8. The CTPL should establish and maintain regulations that permit Local Education Agencies to hire children's center permit holders (at any level including Emergency status) with bilingual certification even if a life credential or permit holder who is monolingual is also available for employment.

9. The OCD should monitor the hiring patterns of its funded programs to ensure that staff reflect the cultural and linguistic needs of children enrolled.

10. The OCD should provide funding and consultant services for the development of bilingual/multicultural early education curricula.

11. The OCD should develop regulations for bilingual and multicultural services within State Preschool and Child Care and Development Programs.

12. The OCD should terminate the contracts of agencies that continually fail to provide appropriate programs for limited-English proficient children, even after the agencies receive technical assistance from the OCD.

Parents

13. OCD staff should emphasize the need for the importance of parent involvement in technical assistance provided to funded agencies.

14. OCD staff should meet with staff from the Office of Bilingual and Bicultural Education to exchange and to learn innovative strategies for the involvement of parents in bilingual programs.

15. The OCD should promote the exchange of information and approaches to parent involvement within a network of bilingual child development programs.

Policy

16. The OCD should evaluate and improve its program support and technical assistance for agencies starting or needing to provide bilingual programs.

17. The OCD should develop criteria for evaluating an agency's bilingual program when the agency claims a 1.1 reimbursement rate for serving limited-English proficient children.

18. The OCD should find ways to open discussion with community-based organizations which serve bilingual children to build trust and confidence between the SDE and local agencies.

Coordinating Resources

19. The OCD, the Office of Bilingual and Bicultural Education, and the Office of Migrant Education should establish bilingual resource centers for early education in cooperation with Head Start.

Special Concerns

20. The OCD should measure and evaluate the extent to which the population of children and families served by child care and development services has changed since the 1980 CDC report on child care allocations. If services to non-English speaking families remain disproportionate with their presence in the workforce and in U.S. census-determined poverty brackets, the OCD should establish ways to redress imbalances.

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Chairman MILLER. Sharon, that is you? OK.

STATEMENT OF SHARON SCHNEIDER, PARENT, R.N., CHARMICHAEL, CA

Ms. SCHNEIDER. I will keep my testimony—my oral testimony to 5 minutes. If there is a couple of minutes afterwards, I just have a couple of suggestions—I mean, a couple of more comments to make from my testimony—the written testimony.

Chairman MILLER. Fine.

Ms. SCHNEIDER. I traded a lucrative nursing management position, in charge of 36 employees, for a full-time mother position in charge of 1 toddler.

Why? Because basically, I could not successfully combine a career and motherhood, and my child was more important than anything else.

I have been both a career mother and a full-time mother; and I can honestly envision no job more rewarding or satisfying than parenting. My husband and I have made financial sacrifices willingly because we cannot put a dollar value on the worth of nurturing another human being.

The impact of my values on my daughter will last a lifetime. It is notable that my head nurse job was filled within 3 months. Yet, no one can replace me as my daughter's mother.

Just a few decades ago the working mother was socially disapproved. In trying to improve the image of the working mother, the scales have counterbalanced too greatly, and now the full-time mother is a social intellectual pariah, a cultural anachronism.

So, while child care activists and working mothers focus on calls for more funding and availability of child care, the financial plight of full-time mothers can be easily overlooked.

I ask the Government to consider financial incentives to allow women to retain the choice of full-time motherhood, so that a two-income family is not an economic necessity; thereby, lessening the burden on the child care system.

The young child requires close supervision and much attention. Perhaps in recognition of the inordinate attention demanded by preschool youngsters, which effectively precludes a mother's part-time employment, a special dependent care exemption can be made for preschoolers or full-time mothers.

Yet, despite the time we must spend on our children, we mothers at home still manage to be the backbone for our schools' extracurricular and enrichment programs. As school districts implement budget cutbacks, they depend on volunteer mothers to conduct the activities for which the schools would either have to hire a professional or lacking the funds, forego altogether.

We chauffeur and chaperone students on field trips; we organize the fund raising activities; we are the coaches for the extracurricular sports; we are the den mothers for Boy and Girl Scouts; we teach art class, drama, writing class; we staff the library and school office.

In short, we actively contribute to the education of our children, and to the children of working parents, who often have neither the time nor the energy to volunteer. Sometimes working parents

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simply do not have the inclination to volunteer, commenting that: "Let Mrs. so and so volunteer, she does nothing but sit home all day."

We mothers gladly volunteer our time and skills because we have a serious investment in our children. But, yet, we are penalized for our enormous contributions because we donate at great personal financial sacrifice. We donate our time; our services, our cars and fuel.

If we volunteer for a nonprofit agency such as Cerebral Palsy, we could at least deduct car mileage on our income tax. But school volunteer mothers do not even qualify for that.

And to compound the problem, many mothers further sacrifice by having to hire child care for a younger child while volunteering for a school activity. The cost of child care is not tax deductible because the mother is theoretically not working.

Mothers I have spoken with overwhelmingly encourage a tangible expression of appreciation for the contributions they make to society. They offer these suggestions for your consideration:

One, an income tax deduction for car expenses incurred for school related activities.

Two, income tax deduction for child care costs incurred by volunteer activities.

Three, income tax deduction in recognition of service or skills donated to school related activities. For example, a volunteer mother teaching art class for 60 hours a year, should be able to deduct under charitable contributions, a donation of 60 hours times an arbitrary figure such as minimum wage.

Keep in mind that these are activities for which the schools would either have to hire professionals or lacking the funds, forgo altogether.

There are those of us who find it difficult to manage on one middle class salary or less. These mothers try to supplement the family income by working at home. This runs the gamut from knitting to selling crafts to professional services.

The common denominator is that working at home allows us the flexibility to incorporate our children's needs into our work schedule. We can adapt our work to our children, not the reverse.

Yet, we have all heard stories of mothers who have attempted to work at home and unwittingly run afoul of labor union laws. If such is the case, perhaps a liberalization of union rules can allow us to continue work at home without fear of legal reprisal.

Another dilemma facing full-time mothers is reentry into the work force. A decision to change from full-time career to full-time motherhood can be nearly irreversible. Unfortunately, potential employers are often reluctant to hire a woman whose skills may obsolesce during a 6-to 10-year hiatus from the paid work force.

I hear many career mothers say: "I do not dare quit working and stay home with my child because I would never be able to get this kind of job again. And after years of climbing the business ladder, I do not want to start at the bottom rung again."

But Government can make it easier for us mothers to maintain our job skills while at home in much the same way it encourages professionals to maintain theirs.

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Current income tax rules allow professionals like physicians, nurses, and teachers to deduct expenses associated with maintenance of professional licenses. Why not broaden the ruling to encompass anyone wishing to maintain her skills, whether it be typing or welding.

In that way, a former secretary, for example, could point out to a prospective employer her refresher courses in office skills and management during her hiatus for mothering. It would constructively fill an otherwise glaring void in her job resume, making her a more attractive job prospect when reentry was desired.

By easing the path for mothers to leave and reenter the work force without penalty, Government can reduce the number of children in an already overburdened child care system.

I ask you to review these financial considerations so that we women may retain the choice of full-time motherhood.

We and our children thank you.

Chairman MILLER. Thank you. [Applause.]

[Prepared statement of Sharon Schneider follows:]

PREPARED STATEMENT OF SHARON SCHNEIDER, PARENT, R.N., CARMICHAEL, CA

I traded a lucrative nursing management position, in charge of 36 employees, for a full-time mother position in charge of one toddler. Why? Because basically, I could not successfully combine a career and motherhood. And my child was more important than anything else.

I have been both a career-mother and a full-time mother. And I can honestly envision no job more rewarding or satisfying than parenting. My husband and I have made financial sacrifices willingly because we can't put a dollar value on the worth of nurturing another human being. The impact of my values on my daughter will last a lifetime. It's notable that my head nurse job was filled within three months. Yet no one can replace me as my daughter's mother.

But somewhere along the line, in trying to improve the image of the working mother, the scales have counterbalanced too greatly, and now the full-time mother is a social and intellectual pariah, a cultural anachronism.

And so, while child care activists and working mothers focus on calls for more funding and availability of child care, the financial plight of full-time mothers can be easily overlooked.

I ask the government to consider financial incentives to allow women to retain the choice of full-time motherhood so that a two-income family is not an economic necessity.

A young child requires close supervision and much attention. There are no large blocks of time when a mother is free to pursue her own interests, uninterrupted by the needs of her child. Perhaps, in recognition of the inordinate attention demanded by pre-school youngsters which effectively precludes a mother's moonlighting capacity, a special dependent care exemption can be made for children younger than school-age.

And yet, despite the time we must spend on our own children, we mothers-at-home still manage to be the backbone for our schools' extracurricular and enrichment programs. As school districts implement budget cutbacks, they depend on volunteer-mothers to conduct the activities for which the schools would either have to hire a professional, or lacking the funds, forego altogether.

We chauffeur and chaperone students on field trips; we organize the fundraising activities, we're the coaches for the extracurricular sports; we're the den mothers for Boy and Girl Scouts; we teach art class, drama, writing class; we staff the library and school office. In short, we actively contribute to the education of our children, and to the children of working parents who often have neither the time nor the energy to volunteer. Sometimes working parents simply don't have the incentive to volunteer, commenting, "Let Mrs. So-and-So volunteer—she does nothing but sit home all day."

We mothers gladly volunteer our time and skills because we have a serious investment in our children. But yet, we are penalized for our enormous contributions because we donate at great personal financial sacrifice. We donate our time, our services, our cars and fuel, and get little but lip-service thank-you's in return. If we had

volunteered for a non-profit agency, such as Cerebral Palsy, we'd at least be able to deduct car mileage on our income tax. But school volunteer mothers don't even qualify for that. And to compound the problem, many mothers further sacrifice by having to hire child care for a younger child while voluteering for a school activity. The cost of child care is not tax-deductible because the mother is theoretically not "working".

Mothers I have spoken with overwhelmingly encourage a tangible expression of appreciation for the contributions they make to society. They have offered these suggestions for your consideration:

(1) Income tax deduction for car expenses incurred for school-related activities.

(2) Income tax deduction for child care costs incurred by volunteer activities.

(3) Income tax deduction for in recognition of service/skills donated to school-related activities. For example, a volunteer mother teaching art class for 60 hrs/year should be able to deduct, under charitable contributions, a donation of 60 hours times an arbitrary figure, e.g., minimum wage. Keep in mind that these are activities that the schools readily admit would be eliminated entirely if there were no funds to hire professionals.

There are those of us who find it difficult to manage on one middle-class salary or less. These mothers try to supplement the family income by working at home. This runs the gamut from knitting to selling crafts to professional services. The common denominator is that working at home allows us the flexibility to incorporate our children's needs into our work schedule: we can adapt our work to our children, not the reverse. Yet we have all heard stories of mothers who've attempted to eke out a few dollars by working at home and unwittingly run afoul of labor union laws. If such is the case, perhaps a liberalization of union rules can allow us to continue work-at-home without fear of legal reprisal.

Another dilemma facing full-time mothers is reentry into the workforce. Present circumstances characterize a decision to change from full-time career to full-time motherhood as nearly irreversible. Unfortunately, potential employers don't regard as justified a six or ten year hiatus from our careers for mothering. They feel our skills obsolesce during our absence from the paid workforce. I hear many career-mothers say, "I don't dare quit working and stay home with my child because I'd never be able to get this kind of job again, And after years of climbing the business ladder, I don't want to start at the bottom rung again."

Although employer-attitudes can't be legislated, government *can* make it easier for us mothers to maintain our job skills while at home in much the same way it encourages professionals to maintain theirs:

Current income tax rules allow professionals like physicians, nurses, and teachers to deduct expenses associated with maintenance of professional licenses. Why not broaden the ruling to encompass anyone wishing to maintain her skills, whether it be typing or welding? In that way, a former secretary, e.g., could point out to a prospective employer her refresher courses in office skills and management during hiatus for mothering. It would constructively fill an otherwise glaring void in her job resume, making her a more attractive job prospect when reentry was desired.

This tax change would cost nothing and by easing the path for mothers to leave and reenter the workforce without penalty, would reduce the number of children in an already overburdened child care system.

I ask you to review these financial considerations so that we women may retain the choice of full-time motherhood.

We and our children thank you.

STATEMENT OF GAIL GONZALEZ, R.N., HEALTH CARE COORDINATOR, SAN JUAN BAUTISTA CHILD DEVELOPMENT CENTERS, SAN JOSE, CA

Ms. GONZALEZ. My name is Gail Gonzalez, and I am representing San Juan Bautista Child Development Center, a large agency that has provided quality child care to low and moderate income families in San Jose for more than 13 years, and have provided sick child care for almost 3 years.

I sense a concern at this hearing for not only cursory problem-solving, but assuring excellence also. The health of children in child care must be an integral part of a solution. Illness is part of childhood, and the experiences of childhood needs to be overseen,

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and monitored. Sick child care is an alternative source of child care for parents who are already involved in regular day care or in public schools.

The law states that when a child in a group setting becomes ill, that he no longer be in that group setting, and therefore the parents need to seek out an alternative. If they have not done that in advance, of course, they are faced with an immediate problem that needs a quick solution.

The sick child care unit tries to meet that need for the parent by having it available with just a phone call and then we accept the child. There is a whole admitting procedure that we need not go into here, but it is a safe alternative, when the child is ill. It is an answer to what used to be leaving a child home alone or with a neighbor who may or may not have been reliable, a relative who may or may not have been available that day; or staying home and running the risk of losing your seniority, losing your job or losing just valuable time that needs to be spent elsewhere; and that is the major premise of the Sick Child Care Program.

One of the things that I was asked to include is that my job is two-fold for the San Juan Bautista Child Development Center. I administer the Sick Child Care Program. I also direct the health care services to the regular day care centers.

The need for health care within the day care centers, to me, becomes more apparent each day that I work in the field, and I would like to impress upon the committee, Mr. Miller, the importance of that.

Children come into the day care center—the regulations, as they read, are vague—to be generous, they are vague. They say something to the effect that a director will make every effort to maintain the safety and health of the children in their care, and doesn't go into specifics of how to go about doing that.

Some of the things that are mandated, such as the daily health inspection in the morning, is left to the auspices of the director or the teacher who needs to be doing that, and she or he may have a background in education, a very good background in social services, but very often no background in health, so they have no wherewithal and no experience to pull from to do a simple thing like that daily health inspection that is mandated by law.

As I was in line for lunch, there were ladies in front of me discussing a problem, and they happen to have been public health nurses. They were talking about a child who has a simple condition, not simple for the child, but should be a simple condition to manage, of asthma. The parent could not find a place in day care because the child had asthma.

Liability-wise, and with good judgment, I think, on the part of a director who does not know health and does not know how to handle the problem, is to just say, I cannot handle the child. But that's too bad for the child and for the parent, because if there was some resource there, someone that the teacher or the teacher's aide could call and say, you know, I think the child is having trouble breathing, a resource person right there, someone who can talk to the parent on enrollment, and know exactly what is going on with the child, they could manage the child and the child deserves the

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same type of child care as every other child. There are many other children that fall into that same trap.

But child development people are also asked to look at learning disabilities, and try to determine does it come from a hearing problem. Is there a dental problem? Is this child having vision problems? Is there a developmental problem? These are things that I feel fall more into the health field, and if there were a specialist available, then the child would receive more quality care; the parent would have more direction.

In our agency, it works well when I can be firm on our health policies as far as communicability say, because I can insist that a child who has something that might look like it's going to cause a problem not be in the regular day care center. We have the alternative of the Sick Care Center to move the child to.

We can be insistent so that our regular day care program maintains a level of wellness that is above just haphazard. I had a statement in the written testimony. It goes something to the effect that we, in our regular day care program, since we have instituted a strong health component and the sick care unit, have not had any outbreaks of shigella, salmonella, campylobacter or anything else that bothers large day care centers. We have kept that to where we have had no outbreaks at all.

In the Sick Care Center itself, we have had no evidence of cross-contamination or children acquiring other health problems, so it is a workable solution to a problem that I keep hearing from other day care centers.

How do you manage this? Illness is just a normal part of childhood, and everyone who works with children is going to be faced with it, and they need to have a resource and an alternative.

Chairman MILLER. Thank you.

[Prepared statement of Gail Gonzalez follows:]

PREPARED STATEMENT OF GAIL GONZALEZ, R.N., HEALTH CARE COORDINATOR, SAN JUAN BAUTISTA CHILD DEVELOPMENT CENTERS, SAN JOSE, CA

My name is Gail Gonzalez and I am representing San Juan Bautista Child Development Center, a large agency that has provided quality child care to low and moderate income families in San Jose for more than 13 years, and have provided Sick Child Care for almost 3 years.

When parents bring their children to a regular child care program, state regulations require that they be free of any symptoms of illness. The same is true of the public schools. Parents are responsible to make other arrangements for the child who is not well. If this is a sudden occurrence, which often happens with children, the parent has a difficult problem to deal with very quickly. When an alternative cannot be arranged, and the parent must be absent from work, employment can be jeopardized. This situation becomes critical when a parent is low to moderate income and sole support of the household. Trainees and students tell us frequent absences cause them delays in completing their courses or in some cases being dropped from their program. The regulations for training centers this year have decreased even more, the number of times they may be absent. The Sick Care Unit at San Juan Bautista was established to assist parents in protecting their employment, and future employment, by providing that alternative care. Parents also use the Sick Care Unit for prolonged convalescence from a more serious illness or injury. Physicians refer to us to continue observations or teaching that has been started during a hospitalization or to help them determine a diagnosis of a particularly troublesome case.

Our unit is unique in that it is the only one like it in the country. We have developed standards, practices and procedures specific to Sick Child Day Care. When I was designing the operation of the unit, I reviewed Title XX and Title XXII regulations governing Hospital Pediatric Units and child development centers, respective-

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ly. Neither were appropriate alone, but by modifying and retaining the most salient points I was able to define very successful standards for our unit.

Children are admitted after a phone call from the parent when service is needed. The intake person has the parent do a simple systems assessment over the phone and we can usually decide at that point if we can care for the child safely, according to our admission guidelines, or if the child needs to see a Physician first or if the child is ineligible for care, such as in the case of the first stages of Chicken Pox.

The parent brings the eligible child to us and a physical assessment is then done by the Sick Child Care intake person. Parents are aware that we may refuse service at this point as well, but that is rare. An individualized care plan is then designed for the child, with the parent, including diet, medications, treatments, activities and vital signs schedule. Each child is identified with an arm band and a chart is started with the parents signed permission to care for the child according to the care plan. If there are changes in the condition or plan of care during the day, parents are notified by phone.

Generally the day's activity follows a routine of: (1) Admissions 6:00–7:30 AM; (2) Breakfast 7:30 AM; (3) Gross motor activities 8:00–9:00 AM; (4) Snack 9:00–9:30 AM; (5) Story or Records 9:30–11:00 AM; (6) Lunch 11:00–12:00 AM; (7) Nap or Rest 12:00–3:00 PM; (8) Snack 3:00–3:30 PM; (9) Fine motor activities 3:30–5:00 PM; (10) Discharge 5:00–6:00 PM; and (11) Housekeeping 6:00–8:00 PM.

We maintain a medical advisory board, a Medical Consultant and an Educational Consultant to advise us on appropriate actions. Children coming to us for the first time, if not enrolled in our own Day Care Program, or a Public School, must bring a record of current immunizations.

The fact that we have a Sick Child Care Unit available assists us in our general program as well. We can insist on high standards of health for our classrooms and the parents find it easy to comply.

My job is a two fold one, I administrate the Sick Child Care Unit and direct Health Services for our General Program. San Juan Bautista is a large agency located at two sites, serving over 300 children. At one site we have evening care to accommodate parents who work the second shift, and at both sites we have infant, toddler and before/after school care as well as the preschool program. I have health aides at both sites to insure not only services to the children and families are delivered but to assure a quality of "wellness" is maintained in the centers. Our services include health promotion at the time of enrollment, screening for dental, hearing, vision and development, height and weight monitoring, immunization audits, staff inservice and parent and child health education. We also make daily rounds to weed out children with symptoms of illness, follow up on health problems and administer medications. Parents appreciate this service and learn quickly that we will uphold our policies. We can afford to be firm because we have the option of referring them to Sick Child Care or assist them in obtaining the health care they need. By having trained health care staff we eliminate the costly, erroneous referrals and Pediatricians tend to be more cooperative when dealing with us and our parents.

The outcome of having these services available is parents of 300 children, and others in the community, who are much less stressed when their child is ill. Having an option available means less worry about finances, less worry about the well-being of their child and appropriate referrals to health providers. All of these, of course, lead to better relationships at home and one less instance when child abuse or neglect is a possibility. The more tangible results have been no outbreaks of strep, shigella, salmonella, giardia, hepatitis, or any other conditions that plague group child care settings. In the Sick Child Care Unit itself, we have had *no* reports of cross contamination, outbreaks of illness, or symptoms becoming worse due to a breakdown in our technique.

This, I feel is directly contributed to our stringent procedures and excellent technique by our staff.d

The one problem that is ongoing, is the cost of the Sick Child Care Unit. The fact that it is not regulated or licensed at this point in time, precludes us from using any monies from the State Department of Education for this purpose, although our Health Services are covered by SDE. We have solved the problem by using a portion of the United Way allocation given to San Juan Bautista Child Development Center, having fundraisers, charging a nominal parent fee ($3–$10 per day) and soliciting Community Development Block Grant monies from the City of San Jose. The Block Grant monies make up almost half of our operating expenses and are tenuous from year to year.

We would like to recommend to the committee that all children's care centers be *at least* encouraged to follow our example of providing health services and sick care, or at best, mandated to do so. We have developed a consulting service for those who

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would attempt to do this, and hopefully, this will be one more source of income to keep our Sick Child Care Unit alive and affordable.

Thank you for the opportunity to speak at this hearing. If I can be of further help at the federal, state, county or private sector levels, I would be more than happy to do that. Together I feel our efforts can make a great difference in the quality of group child care and quantity of helping services available to parents.

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SAN JUAN BAUTISTA CHILD DEVELOPMENT CENTER
1945 Terilyn Avenue
San Jose, CA 95122
408 / 259-4796

SICK CHILD CARE
Statistics

Children served June '83-June '84	1591
Cost of care @ 36.00/day	$57,276
Cost to families	$ 7,276
Average daily cost to family	$ 4.57
Traditional usage:	
Family income below $1200/mo.	65%
Single, head of household	49%
Length of stay:	
1 day	69%
2 day	21%
3 day	6%
Longer	4%
Age groups:	
0-6 mo.	5%
7-12 mo.	18%
12-24 mo.	27%
2-3 years	25%
4-5 years	11%
6-9 years	11%
Older	3%
Classification by complaint:	
Gastrointestinal	27%
Respiratory	32%
Ear Problems	8%
Fever	11%
Other: ie;	22%
Surgical	
Leukemia	
Diabetes	
Sickle Cell Anemia	
Vaginal Discharge	
Post Hospitalization	
Children seen by M.D. prior to admission	15%
Children referred to M.D. from unit	33%
Incidence of cross contamination	0%
Incidence of missed conditions (erroneous admissions)	.02%

At San Juan Bautista . . . Where Children Learn To Express Themselves

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Chairman MILLER. What does your program cost?

Ms. LOPEZ. We are reimbursed at $11 a day—$14.11 is paid by the State Department of Education.

Chairman MILLER. But how much is spent overall on the entire program for migrant day care?

Ms. LOPEZ. Oh, well, we have three—the three migrant family day care home networks combined, their total budget is about $450,000. We are in three different counties. We have different contracts.

Chairman MILLER. Now, I would assume that this is a rather—

Ms. LOPEZ. I am writing, getting our contract done. Go ahead.

Chairman MILLER. In terms of migrant families being able to take advantage of day care, what other resources are available?

Ms. LOPEZ. About 8 percent of the migrants in California have some kind of subsidized child care. Everybody else is in the same—the 92 percent that are, that don't have subsidized care are in cars, and they are in houses, and in some cases they are cared for by you know, older or people who are ill.

I run into places where we have an adult who themself is ill taking care of 12 to 16 kids. In the camps that we operate in the 23 camps, I have been to most of them, you will always find women who are—or older children who for one reason or another couldn't work that day so all the kids just cluster around there.

There just isn't any other care available for them.

Chairman MILLER. Well, I would assume that in your presentation that recognizing that a good portion of American families don't itemize their deductions, that you would assume that there would be a compatible system, or parallel system for low-income families where the income policy obviously jeopardizes their ability to stay at home, as it does for middle-class families or others, that you would assume that the same tax benefits would be made available, either by being a credit or refundable, or what-have-you.

Ms. SCHNEIDER. At least the dependent care exemption would apply whether or not you itemized deductions, right?

Chairman MILLER. That one would, but in terms of these others and in terms of other changes in tax policy, I assume that you are asking that they would apply across the board.

Ms. SCHNEIDER. Now, I haven't figured it out, and if they don't itemize, then you lose out on a whole lot of things, but I didn't realize that most people still don't itemize.

Chairman MILLER. Most people don't.

Ms. SCHNEIDER. It is hard to get by any more without itemizing, but at least the deductions can be available for those who do itemize.

Chairman MILLER. The committee has raised the whole issue to the extent to which the current income policy is slanted against individuals staying at home either because the exemptions haven't kept up with inflation or what-have-you—all of which we pay for people out of economic necessity to leave the home.

Gail, the sick care center I assume is a program that other day care centers are able to call upon? It is not a one-to-one relationship? It would service more than another center. How would it be used?

Ms. GONZALEZ. It's open to the entire community. All the parents are welcome to use it. The problem is that if it is in one location, it means a long commute for some of the parents.

Chairman MILLER. Sure.

Ms. GONZALEZ. It would be nice to duplicate it in 100 other places.

Chairman MILLER. And again one of the problems that we have heard time and again is of parents who have the very unusual occurrence of their child being sick, and then seeing that run up against all the problems with keeping employment, finding care for a child while the child is sick. It just disrupts all of the arrangements that previously have been made, so that kind of resource seems to be very valuable.

Ms. GONZALEZ. It is not as unusual as you would think that the child would be ill.

Chairman MILLER. No, I don't think that it is very unusual; I have just come from 20 years with two of them.

Ms. GONZALEZ. It is about six or eight times a year at the minimum.

Chairman MILLER. I have got a 20-year-old home with the chicken pox, and a 16-year-old home with his leg in a cast, so it is not that unusual.

Excuse me, Sharon, you said you had some additional comments you wanted to make?

Ms. SCHNEIDER. Yeah. One of the things that I come across, even with some of my former colleagues, is that a lot of them say, "we would really love to quit if we could just see our way through to financially be able to afford it," and at least to go from a full—a second full income to nothing is real hard. They say they would at least love to go part time, and a lot of employers—everything kind of falls into redtape—say "redtape" prohibits them from offering part-time employment. But lots of women would love to be offered part-time work. My sister is a prime example. She would like to go part-time, but she would lose all her benefits. Employers say, well, you know, the accounting would just be a nightmare if we offered part-time, or flex time, or job-sharing. But it is like either you have the option of a full-time job, or nothing; and it is a big jump financially. A lot of the employers can't change their attitudes about things, but if they could be made to see that it could be economically possible for them, then we would have a much happier worker, and it would relieve the burden on the child care system, because they wouldn't need full-time child care.

Chairman MILLER. We have two people on the committee: Pat Schroeder from Colorado, is trying to work with the whole concept of flex time so that people can arrange their schedules so that between spouses, they can work out their particular schedules to minimize the need for outside child care; and also Congresswoman Mikulski, who is also very much involved in the question of how we allow people to continue to afford to be volunteers, which gets more and more difficult as time goes by.

Thank you very much, for your——

Yes?

Ms. SCHNEIDER. One other thing is about reentry as a real big thing. A lot of women are reluctant to make the break from ca-

reers because they say they can't get back in, so there are a couple of other little things on that, and that is—a lot of homemakers after they have been out of the workforce for a few years, have a real low self-esteem. While you can't work on their self-esteem, when they try to go back to the work force and the job—and the employer says, "what can you do?" "Oh? Nothing. I take care of kids." If something, like the EDD—I don't know if all the States have employment development departments, but the counselors, if they could be somehow made aware to elicit this information, help the homemakers appraise what real job skills they have, it would make it easier for them to reenter,

Chairman MILLER. All right.

Ms. SCHNEIDER. And then also tax incentives to prod the employer to help them, like what is currently available to underprivileged youth. I mean, homemakers are almost an underprivileged youth. I mean if you could offer some kind of thing, some kind of credit for hiring homemakers who have been out of the work force for a while.

Chairman MILLER. Thank you.

Ms. SCHNEIDER. Thank you.

Chairman MILLER. Thank you very much. [Applause.]

I want to thank all of the witnesses who helped us today with their testimony on child care, and to all of you who stuck with us throughout the day.

The committee will stand adjourned.

Thank you.

[Whereupon, at 3:18 p.m., the hearing was adjourned.]

[Material submitted for inclusion in the record follows:]

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JUN 11 1984

U.S. House Of Representatives
Select Committee on Children,
Youth, and Families
Washington, D. C. 20515

Dear Committee,

It would be well to acquaint you with the author of this letter in order that you might evaluate it from the perspective of an individual with my particular experiences. I perhaps unlike many of you have spent a good deal of my adult life with children as a professional, a volunteer and a stay-at-home mother. During my two years of graduate study in child development and family relations, I developed a certain philosophy about children; this was followed by many years of practical experience. Both of these have resulted in some very deep and profound feelings about child care.

One of the greatest joys in working with children is to be able to perceive and assist in the development of their uniqueness. This individual uniqueness is so precious not only to the child but to the whole of society that I believe we must go to great lengths to preserve it. If, as a result of government sponsored and controlled child-care programs, we inadvertently endanger the loss of or cause the dilution of uniqueness, then we would have committed a grave error. This error is much more likely if our focus is upon how to care for unnumbered children rather than what kind of care best meets the needs of children. There are many adults who are completely or partially unable to relate to children and in that sense to the reality of what their true needs might be. It is my hope that your committee will listen well to those who are close to the world of children and not so much to those who are remote by varying degrees. I would like to suggest the kinds of care in the order that they are most or least likely to meet the needs of children and preserve their uniqueness. Then I shall suggest how this might be done in some cases.

First of all, however, I would like to make an observation that I believe is critical to your deliberations. I believe that as a society we have suffered a great philosophical if not an actual loss where children are concerned. We have become a society that is so dedicated to satisfying the needs of adults that our children have become emotionally bereft. The stay-at-home mother has been demeaned beyond all reasonableness. Career is more important than child. Nothing is perpetuated more these days than ultimate self-centeredness. A child has little hope in such a society and so they eventually turn to drugs and sex and sometimes suicide to assuage their loneliness. There is nothing a child at any age needs more than loving and caring parents who are centered on the child enough

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to meet his or her needs. If your committee were to do anything of real value it would be to refocus our adult population on being responsible and responsive towards children. Secondly it would be to refocus on the absolute essential in human relationships which is commitment. Without a society that believes its children are its greatest responsibility and without commitment to them there will be no hope for our children. This I believe is your greatest challenge and the greatest need of our nation.

What is best for children should be the standard of judgment in establishing child care. It would be well to say that the needs of the very young (ie: birth through 5) are much greater and far more critical than those of older children. This would mean that it is essential to do all that we can to provide the kind of child-care outlined in numbers one through four for the younger children before even considering numbers five through ten. The reason is obvious in that methods one through four are far more likely to satisfy these critical needs. I have tried to point out under some items (one being the best case and 10 being the worst case) what the committee might do to effect changes.

1. Cared for by loving and responsible parents.

   Since this is the best possible care for all children who are fortunate enough to have such parents, the federal government should do all that it can to assist these parents to fulfill their role. The primary effort here must be to reduce the economic burden upon families that afflicts forces both parents into the workplace. This obviously means reducing inflation and taxes - no small task. But it also might mean giving a tax break to parents of young children so that one of the parents might be able to remain at home. Research and publications giving information about working in the home should become available to the public. Community volunteers could be trained to teach families how to budget, save and increase their earning power. Above all a massive program should be mounted to promote stay-at-home parenting where the young child is concerned.

2. Cared for by parents who society may see as somewhat deficient but nevertheless adequate and non-abusive.

   The government should not be too easily tempted to remove children of such parents to child-care facilities. The needs of the child are still better met by parents. This is perhaps the child who would benefit the most from a few hours a day in a preschool setting such as is mentioned in number five. The Headstart program was probably designed to serve this purpose. My neice who was recently intimately involved with a Headstart program was aghast at the wasteful use of taxpayer's money, however. Perhaps money from the private sector is better.

3. Cared for by relatives such as grandparents, aunts, uncles, mature brothers or sisters.

   Outside of the child's own home this would be the most familiar and secure kind of child care. Where there are isolated families far from relatives, then promote a support system of family helping family in a neighborhood. Pilot groups

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3. (con't.) could be set up to demonstrate how this could be done. Far too many of our families are isolated from association with other families and this kind of association is very healthy for children and adults as well.

4. Cared for by a mature, loving person in their own neighborhood.

From my own personal experience I believe strongly that this is the next best care for children. Next door to me lived a divorced mother and her two young school-age children. The mother had placed them in a residential home very close to the school where they attended and the two girls were very unhappy. I offered to babysit them after school and made a business arrangement with the mother. The two girls were very happy in our home right next door to their own home and in their own neighborhood. The difference in their emotional well-being was dramatic. I believe there are many women in neighborhoods all across our country who would be wonderful substitute mothers for children after school. Of course, not all neighborhoods will have such women, but the point is that many DO! With perhaps a little encouragement and a strong national campaign we could solve the problem of our "latchkey" children.

5. Cared for at a facility close to their home wherein the parental values and culture are respected and perhaps even reflected. H.R. 4193 is one suggested solution for school-age children. Young children might also be in need of this kind of care though it is not the best for them. Examples of adequate facilities could be found in nearby churches, neighborhood centers, public schools that have been closed and as mentioned in the above bill the currently operating public schools. Rather than always turning to the government for money thus potentially increasing taxes and inflation, I would suggest giving an even greater tax break to the private sector if they would contribute to neighborhood child-care facilities. This is another way that government encourages responsibility to children as our number one priority. Parents and volunteers along with paid personnel could be used at these centers.

6. Cared for a a day-care center associated with the parents place of work at the work site or close to it. Being close to the parent would probably enhance the child's feelings of security. Encourage private business to establish wherever possible a child-care facility for their employees if such a need exists. Give a tax break for so doing. Encourage a policy that allows the parent to participate once a month in the child-care facility so as to enlarge the parent's role in the child's life and in the operation of the facility. Promote with a vigor the idea of job-sharing where the mother of young children may share a job with another mother for example. If it is at all possible to avoid leaving a young child at a facility for many long hours a day this should be done!

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7. Cared for at a private day-care center which does not have the close ties to family as in #6.

There is one such facility within a short distance of my home and a personal friend of mine worked there. Her report to me of these children who must stay there long hours each day was not a happy one. Even though the facility is a very nice one, I believe it is difficult to satisfy the needs of little children in this way. In some recent academic work I visited a number of day-care centers and although there was nothing wrong with any of them I could not feel they were right for little children. I could never have left one of my own children in any that I visited. I know that I have been very fortunate in that I have not had to make that choice and many there are who do. Nevertheless, I do feel that they are better than government funded centers because private business offers variety and choice whereas government offers sameness and very little opportunity for parental control. Private business being directly dependent upon fees paid by parents must necessarily be more responsive than government facilities which are dependent upon government money and a bureaucracy.

8. Cared for at a city or county funded and controlled center.

9. Cared for at a state funded and controlled center.

10. Cared for at a federally funded and controlled center.

It is quite obvious from my list that I believe any government funded facility is among the least desirable child-care arrangements that could be established. Here are some of my reasons to be opposed:

** The taxpaying public is going to have to carry the burden of many millions of dollars to pay for such a program and this simply worsens the situation as a whole.

** The governmental bureaucracy as an administrative body has the reputation and perhaps rightly so for being inefficient and tyrannical. There is a great deal of power in administering millions of dollars and much less liklihood of being responsive to individual mothers and children. There would be a tremendous temptation to carry out social experiments on such an accessible group. Ideas from a few would be spread far and wide to affect perhaps millions of children. This could come the closest to diluting or even destroying the uniqueness and variety that is so valuable in our young children. We are too well acquainted with other social systems that assault individuality and creativity in favor of indoctrination and loyalty to the state. If we move even one baby step towards patterning after something so undesirable then we are in my opinion commiting a grave error. If this committee dismisses the potential impact the congress could have in areas one through seven, then I must ask where has the individuality and creativity of this committee gone?! Nothing will be done if nothing is

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5.

considered. I know the forces for federal child-care are powerful and well-aligned and I am asking this committee to exert its independence and intelligence and do what is best for children - not what is best for anyone else. All the rhetoric and testimoney in the world cannot and will not change what the real needs of children actually are. If you are going to talk about the needs of the parents you might make entirely different judgments than if you will address primarily the needs of children. Please make that your priority in any decision. Please do not be swept up by the momentum that is moving in the wrong direction. Merely solving a problem at the tenth best level seriously lacks integrity. I trust that this committee will act with integrity, independence and wisdom and that all of the children of America will be the beneficiaries.

Thank you for considering the feelings and ideas in this letter. I realize they are unlike many you will receive and testimony you will hear. I have a great deal of respect and concern for our children. If I or our organization can be of any help to your committee, it will be our desire to be of service.

Sincerely,

Sonia E. Lundberg

Sonia E. Lundberg, President
California Family Women

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Marin
Jewish Community Center

200 North San Pedro Road
San Rafael, California 94903
(415) 479-2000

June 13, 1984

UNITED JEWISH COMMUNITY CENTERS

Representative Barbara Boxer
901 Irwin
San Rafael, CA 94901

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Affiliated with Jewish Welfare Federation, United Way of the Bay Area, and Jewish Welfare Board

Dear Congresswoman Boxer:

I am deeply concerned about the need for the expansion of infant care facilities in the Bay Area. Unfortunately, I am unable to attend the field hearing on June 18 due to a previous committment on that day.

The Marin Jewish Community Center is in the process of initiating an infant/toddler day care program in addition to our existing day care for preschoolers and school aged children. The cost of providing infant care is extremely high due to the 1:4 staff/child ratios required in infant care. In reality this ratio is adequate at best, and in an attempt to provide the highest quality care we will enlist volunteers in order to provide a 1:3 ratio as much as possible.

The dilemma arises from the fact that we will pay our teachers salaries comparable to our regular nursery school staff. Infant caregivers have traditionally been paid extremely low wages. Minimum wage salaries without benefit packages are common in infant care. The result is high turnover at a time in a child's development when consistency in a caregiver is essential.

As the need for infant care increases, we must find outside sources of revenue so that caregivers can be paid adequate salaries. The average cost of full time infant care in Marin County is approx. $400 per month. Certainly, parents cannot be expected to absorb higher fees.

According to the Children's Defense Fund budget analysis for 1984, almost 46% of mothers with children under 3 years of age are in the labor force. This figure is expected to increase by 1-2% annually. The growing trend for women to postpone childbearing until their careers are well underway, and the standard 6 week maternity leave combine to create an increased motivation for women to return to the workforce. This trend and the growing number of single parent families headed by women, has made it impossible for existing facilities to meet the need. All existing infant/toddler day care center in Marin are full and maintaining active waiting lists.

The need for expansion is acute. The quality of care is directly related to the salary of the caregiver, and the level of professional expertise at the center. If the expansion is to occur, we must find resources so that new centers do not have to exploit caregivers in order to provide the care that parents so desperately need. In addition to capital funds for equipment, operating budgets need subsidy. Perhaps a Federal or State Day Care Trust Fund could provide scholarship dollars for fees based on a sliding scale.

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We must respond to the needs of young families. Quality, affordable infant/toddler day care will contribute to a stable workforce and a strong economy. But we need help! We need additional Federal and/or State funds, so that we can meet the need without exploiting the people who will provide the care.

Respectfully submitted,

MARIN JEWISH COMMUNITY CENTER

Catherine Elgort
Catherine Elgort
Infant Toddler Director

Maureen Sharon
Maureen Sharon
Early Childhood Services Director

CE/MS:sms

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PREPARED STATEMENT OF RICHARD ZIMMER, PH.D., PROFESSOR OF ANTHROPOLOGY, HUTCHINS SCHOOL, SONOMA STATE UNIVERSITY, ROHNERT PARK, CA

Testimony on Child Care

I am Dr. Richard Zimmer. I am Professor of Anthropology in the Hutchins School, Sonoma State University, Rohnert Park, Ca, 94928. I have spent approximately ten years researching different topics in child care. I have spent the same amount of time working with and for child care agencies. For many years I was on the Board of the Sonoma County Community Child Care Council, including acting as its vice-president.

I would like to divide my recommendations on child care into two separate areas -- policy and applied research.

It is clear that all levels of government underestimate the need for child care that is readily available, of high quality, and affordable. The projections made are either done on the basis of archaic employment estimates for women or based on unsuitable policy assumptions, as was done in the Carter Administration. My own research and agency work shows strongly that the more appropriate child care available, the more women will be able to place their children and go into the work force. The greatest tragedy in present child care arrangements is that women must place children in unsuitable child care because it is the only available child care. The child care is unlicensed and dangerous for the child, as many cases of abuse and death have shown.

One of the ways of remedying this underestimation is for the Federal Government to work directly with information and referral agencies to provide high quality needs assessments. State and county governments have been unwilling to provide the monies for these needs assessments; the federal government is obliged to, because of the medical and psychological effects on the children. Liaison arrangements can be made with universities and research centers to help develop survey instruments and maintain an ongoing analysis of local child care needs. These data should be processed by ACYF and other appropriate agencies.

The Federal Government should begin a major rethinking of on-site child care. It is clear that, at least for older children (3 up), this type of child care if most preferable. Research has shown that women take jobs with certain businesses if they have child care only because they provide the child care. The Federal Government should provide increased tax

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incentives for companies to do on-site child care, as well as require companies doing business with the Federal Government to provide child care. The Federal Government should also spearhead pilot projects to stimulate local governments to examine how their various policies discourage on-site child care (zoning regulations, tax incentives, etc.) Proponents of on-site child care have found that the levels of bureaucracy that must be challenged in terms of on-site child care, apart from company inertia, are often too formidable to overcome.

A third issue the Federal Government should address, both in terms of policy and research, is new ways of working with day-care providers to enhance their performance. There has been little research and model funding in this area; in fact, only recently. In sum, the women who operate day-care homes need to have their work enhanced. They are often isolated and without resources. Yet they deal daily with children, a high stress situation, see and work with family problems on a firsthand basis, and are underpaid. They experience innumerable bureaucratic frustrations with federal programs such as the Food Program and get little recognition for their work.

The Federal Government must lead the way in developing programs for these day-care providers, and they must stimulate the states to provide these programs. Providers must be brought into supportive networks and put into contact with community mental health agencies. They can offer to their client families and children information about mental health programs no other lay professional can. The Federal Government must also lead the way in finding ways of enhancing provider salaries. Child care is the lowest paid of all mental health work and social service, yet it is the most sensitive and has the longest lasting effects.

In terms of research, the Federal Government should encourage more research of a qualitative nature on the impact of child care on family structures (especially on people from different ethinic groups) and on work choice. It should also fund research on the political framework in which child care policy is made on a local level. The lack of these types of research allows too much of a patchwork approach to child care by local governments, with too many children hurt by the process. Some of these points have been addressed in my article, Necessary Directions in Child Care Research in the United States, Anthroplogy and Education Quarterly, Nov., 1979.

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PREPARED STATEMENT OF CAROLYN MCCALL, PH.D., AND LOUISE ROSENKRANTZ, M.Ed., PRISON MATCH

It was with great pleasure that members of the Prison MATCH staff attended the Child Care Hearings of the Senate Select Committee on children, youth and families in San Francisco on June 18th. As mentioned by one of the witnesses having the focus of the committee hearing be on child care needs rather than the traditional "why child care" was a major triumph in and of itself. The constructive questioning by the committee members also added a strong dimension to the hearings.

We would like to take this opportunity to bring to the attention of the Committee yet another program area in which there is a great unmet need - the needs of children with parents in jail or prison.

It is estimated that at least a quarter of a million children are separated from their mothers each year by jail and prison walls. This separation can be devastating. Children are often left with feelings of loss, helplessness and anger. Uncertain and changing substitute care arrangements can prove to be seriously damaging to their welfare. As a result, they are four times as likely to become juvenile delinquents than are their socio-economic counterparts.

A mother in prison suffers the guilt and anguish of not only her own crime and punishment, but also that of having to leave her children. Though most mothers look forward to resuming care of their children upon release, they realize that they have little chance of maintaining their relationships with them during these stressful times. No one is there, furthermore, to help these families with counseling and services. The criminal justice system and social service systems forget about this family unit once a mother goes behind bars.

Our documentation of such family needs at Pleasanton Federal Correctional Institution (FCI) corroborates other research in this area. Of 294 prison residents at the time of our survey (summer, 1978), 150, or 51.02%, were mothers of dependent children under the age of 18. To learn more about these families, we conducted a small-scale study of 23 inmate-mothers and their children. This group included 11 women participating in the Pleasanton CHildren's Center program and another 12 non-participants selected at random from the total population of inmate mothers.

By means of formal and informal interviews with mothers, observations of family interactions at the prison, and talks with children's guardians, we found the following problems to be critical for these 23 families:

1. Many of these families were already tenuous socially and economically prior to the mother's imprisonment, a fact that should be taken into account in determining their needs for supportive social services while incarcerated: Nearly two-thirds (63.64%) reported having income levels below $8,000 per year prior to imprisonment. A majority (60.87%) reported having depended on some form of public assistance to support their children at some time in the past. Only five described themselves as still married, with the remainder being single mothers. A surpising number -- 11 out of 23 -- were mothers before the age of 18. Eleven said that their situations as single mothers trying to support children with few resources had contributed in some major way to the commission of their crime. Another discouraging fact, pointing to the social problems faced by these families in the outside world, was that all of these 23 women reported having had at least one family

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member or friend in jail or prison before their own incarceration.

2. Family disruption at the time of arrest and pre-trial detention can be particularly critical for mothers and their children: Family life is harshly disrupted at these times. Children often witness the event of arrest. Many are not allowed to see or touch their mothers when they are being held in pre-trial detention. Care arrangements for children often have to be arranged hurriedly by the mother. Five mothers reported that their children had witnessed their arrests and suffered fear and anguish at that time. Another four mentioned their detainment while awaiting trial as frightening to their children, because they were held in county jails and not allowed contact visits (a situation that they reported was especially hard for visiting pre-schoolers). Three mothers said that their distress during these periods caused them to choose care situations for their children that had since proven to be quite problematic.

3. Custody and care arrangements for children were presenting problems for almost all of these families: Eighteen of these inmate-mothers still had legal custody of their children. In almost all cases (20), relatives were assuming care of children, with the remaining three families having children placed in foster care. Twelve mothers reported having considerable problems communicating with guardians of their children and in maintaining any involvement in their children's care. In three families, siblings had been separated and sent to different homes. Four mothers reported that their children had been moved from town to town, and school to school, causing problems for them. In four cases, mothers had been threatened by social workers or children's fathers with removal of their legal custody of their children because of this incarceration.

4. Serious social and psychological problems can accrue to both mothers and children because of this separation and its accompanying stress: The mother's loss of self-esteem and motivation because of her guilt and fears concerning her children, coupled with truly serious problems emerging for these offspring, can render these families considerably more at risk than before the mother's imprisonment. All but two mothers declared that they were having great difficulties maintaining their relationships with their children. Their fears for their children dominated their conversations and interviews much of the time. Six mothers reported that their children were fighting in some serious manner with relatives and/or peers. Six spoke of children's problems in school or with adolescent gangs. In the case of five families, children had been processed delinquency.

5. Visitation at the prison (when possible at all) can be very trying for children and their inmate-mothers: A major problem in regard to visting is that many children are living so far away from their mother's prison that visiting is impossible even in the best of circumstances. In this study, 11 of the families had children being cared for inside the state of California, with the remaining 12 having children being cared for out-of-state. Only 10 of the 23 mothers had seen their children while incarcerated (of these, seven were participants in the Children's Center program). All 23 spoke of two difficulties in visiting, aside from geographic distance. The first was in problems that guardians were having in bringing children to visit, either because of their fears or distrust of the prison environment, or their refusal to cooperate with the mother in her wish to see her children. The second was in mothers' discomfort with regular visiting in the Visiting Room at FCI. They spoke of the sterile atmosphere and its lack of any equipment, space, or toys appropriate for children. They also mentioned their own defensiveness vis-a-vis prison guards when their children were there.

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6. Pregnancy in prison can prove to be particularly problematic in terms of establishing and maintaining adequate mother-child bonding: Some of the most critical problems are: lack of adequate prenatal care and counseling; traumas at delivery time because of the imposed custody situation; disruption of the important early mother-child bonding in the almost immediate removal of the new infant from the hospital and the mother's return to prison; difficulites in maintaining this bond thereafter. Infants born under such stressful conditions can certainly be deemed high risk babies, whose development is threatened from the very start of life. Five of the 23 mothers had been pregnant in prison. Four reported receiving less than adequate prenatal care. Two experienced particular stress at delivery time. Three were most concerned that their ability to bond with their babies had been disrupted almost immediately after the birth and that they were continuing to have trouble seeing their babies often enough now.

B. THE PRISON MATCH MODEL:

The Prison MATCH model -- the Pleasanton Children's Center -- demonstrates that something can be done for these families to maintain their relationships and give them tools for survival and growth. This model program has been operating successfully at Pleasanton Federal Correctional Institution for over six years. It has four interwoven components:

1. The Children's Center -- a warm child-centered setting inside of prison where inmates and their children can spend weekend days working to re-establish and strengthen their relationships. The Center is run like successful parent-child cooperatives in the community where the emphasis is on developing parent-child bonds through appropriate play and learning activities. It is staffed by child development professionals from the community and by inmates who are training in this field.

2. Supportive services for families in finding the help they need "inside" and "outside" to ensure children's welfare. Services include foster care assistance, help with child custody issues and crisis intervention/referral.

3. A parent education program which includes both formal workshops with community agencies and informal parenting raps.

4. A Reading is Fundamental Program in which inmates' children can pick out and take home quality children's books as a stimulant for their own learning and as another link with their parents inside.

Since its opening in May, 1978, more that 5000 child visits have occurred in the Center. Supportive social services have been used by over 500 families. Evaluations have consistently shown a positive effect of the program on families and on prison and community attitudes and services. Since 1979, this prison has been co-correctional, housing male as well as female inmates. Now inmate fathers are using the Center too, often to nurture their first positive parenting experiences.

Much of the success of Prison MATCH rests, we belive, on two tenets. The first is that programs like this one must be developed from the start with the fullest possible participation by inmates. Inmates have worked alongside community staff from the beginning of this program and continue to play key roles in implementation and decision-making. The second is that in order to accomplish effective advocacy for inmate-parents and their children, programs such as this one must be coordinated and administered

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by appropriate professionals in the community. Child Development professionals have been critical to the development of Prison MATCH services.

C. FUNDING FOR PRISON MATCH:

The program is funded by a variety of sources: private foundations, corporate contributors, individuals (through membership), the Bureau of Prisons (about a quarter of funds needed to run the Center), and our own "self-help" funding efforts. It has been a difficult program to fund because of the fact that this clientele is a particularly unrecognised one. We are encouraged lately, however, by how effective community based funding and "self-help" efforts have been for the program. While not raising all of our needed funds by a long shot, this type of community outreach greatly aids in raising the issues of maternal incarceration and its effects on children.

The need for programs for children with parents in prison is growing in public awareness. In the last year Prison MATCH has received over 150 requests for program information from groups as diverse as criminal justice agencies, child welfare professionals, prisons form groups and state departments of corrections. We are currently involved in providing technical assistance to prisons in Missouri, California, Georgia, Illinois, Texas and Utah and jails in New York City, San Antonio, Texas, Greely, Colorado, Newark and New Jersey.

As this committee develops long range policy of America's children, youth and families we urge you to remember the many children separated each year from their parent by prison bars. In particular we urge you to:

1. Help to facilitate the involvement of qualified professionals in addressing this clientele's issues, through program and ploicy development.

2. Encourage correctional officials to plan for high quality parent/child oriented visiting envoronments as new facilities are being constructed.

3. Encourage congress to budget money for high quality parenting programs as part of each federal prison's programs. We estimate a week-end visiting room program at a federal prison can be adequately funded at $40,000.00 a year. This is a small price to pay for a family reunification program. Parental imprisonment is a crisis for many of American's children. As one twelve year old boy told us

> If it hadn't been for the Children's Center
> I would have thought my mother was dead.

We look to this committee to help provide the leadership needed to develop both the awareness of these children's needs as well as the financial support for parent-child programs. Thank you.

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A FEASIBILITY REPORT BY THE CHILDREN'S COMMISSION TASK FORCE ON

employer-sponsored child care

CHILDREN'S COMMISSION - COUNTY OF SANTA CRUZ
701 OCEAN STREET
SANTA CRUZ, CA. 95060

(408) 425-2531 OR 688-2033 (2531)

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FORWARD

This is a feasibility study of employer sponsored child care in Santa Cruz County. It has been initiated by the Santa Cruz County Children's Commission an advisory body to the Santa Cruz County Board of Supervisors. The Children's Commission has, in turn, organized the Employer Sponsored Task Force which consists of Children's Commission members, child care providers, Santa Cruz County Child Development Resource Center representatives, business leaders, and interested community members. The Task Force has had the major responsibility for directing this study.

This project could not have been completed without the contribution of a number of people. First, the Task Force would like to thank the members of the Private Industrial Council and the County Board of Supervisors for approving the funds for this study under the CETA Title VII act, Article 679.6. Second, the Task Force would like to thank Gloria Irby, Ron Moss, and Nancy Winkenback for reading and commenting upon earlier drafts of this report. Finally, we appreciate the efforts of the employers, personnel officers and managers who took the time to fill out the questionnaire and answer our questions. We are grateful to all these individuals.

This study has been designed, conducted and written by Robyn Sandys and Louis Corsino. Comments or questions about this report can be forwarded to Gloria Irby in care of the Santa Cruz County Children's Commission.

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INTRODUCTION

This report assesses the feasibility of employer sponsored child care in Santa Cruz County. There has been no previous countywide analysis of employer sponsored child care. Information regarding employer receptiveness to child care programs has either been obtained in an ad hoc fashion or has been inferred from national and state statistics. This has made it hard for employers and child care professionals to develop an appropriate response to changing child care concerns. Employers find it difficult to reasonably assess the child care needs of their employees and the place of child care benefits in their overall, company policy. Child care professionals find it difficult to rationally organize child care services and plan future programs. Accordingly, an objective, comprehensive study of employer sponsored child care in Santa Cruz County will prove valuable to both employers and child care professionals.

This feasibility report constitutes the first phase of this project. It will focus on the following issues: first, the present level of employer sponsored child care in Santa Cruz County; second, the feasibility of future employer sponsored child care programs; third, the relevant factors influencing the attitudes of employers toward employer sponsored child care. Based upon the findings of this report, the second phase of this project will involve the development of an employer sponsored child care resource guide. This resource guide will provide background and procedural information regarding the implementation of these child care programs. Taken together, both phases of this project will facilitate an information exchange among groups who are interested in employer sponsored child care.

As the initial step in this exchange of information, this feasibility report will attempt to gain an understanding of employer sponsored child care from the perspective of employers in Santa Cruz County. In order to place these findings in proper perspective, it is necessary first, to define employer sponsored child care and to summarize the national and state trends. Though employer sponsored child care is defined in numerous ways, most definitions suggest that it includes a commitment of resources by an employer in support of the child care of employees. This commitment may include paying all or some of the costs for work-site programs, family day care homes, and voucher systems. It may also involve providing less costly benefits such as flexible time for parents, resource and referral services, and parenting classes.

The results of this study are based upon this general definition. Unfortunately, definitions of employer sponsored child care often vary from one study to the next. As a result, statistics for any particular study may be as much artifacts of the way employer sponsored child care is defined as they are precise reflections of existing programs. With this warning in mind, it is still useful to present a brief review of these trends. Nationwide, there are well over three-hundred employer sponsored child care programs (1). Seventy-two of these programs are supported by

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hospitals, thirteen by private corporations, six by labor unions, fourteen by government agencies, and two-hundred by military institutions. These figures, however, refer only to employer sponsored child care programs located on or near the work-site. Other employers have adopted alternative approaches to child care such as purchasing slots in existing child care programs, providing resource and referral services and establishing flexible hours for parents. Unfortunately, statistics on these types of child care programs are generally unavailable. A few of the major corporations providing child care services include the Zales Corporation in Dallas, Texas, the Polaroid Corporation in Cambridge, Massachusetts, and the Control Data Corporation in Minneapolis, Minnesota.

Since no overall study of employer sponsored child care in California has been undertaken, statewide figures are unavailable. However, at least twelve employer sponsored child care programs are in existence. Four of these programs are sponsored by hospitals, one by a government agency, six by private corporations, and one by a union. These sponsoring agencies include the Department of Motor Vehicles in Sacramento, the National Semi-Conductor Corporation in Sunnyvale, and the French Hospital Medical Center in San Francisco.

DATA COLLECTION AND SAMPLING PROCEDURES

The overall population for this study includes private companies in Santa Cruz County which employ at least twenty workers. Based upon a December, 1979 listing from the California State Employment Development Department, 453 companies fall into this category. Since practical and methodological reasons make it inadvisable to survey all 453 companies, the data for this study is drawn from a systematic, random sample of these employers. Specifically, 82 companies were included in the original sample.

Once this sample had been selected, questionnaires were mailed to the companies on the list. Forty-six out of the 82 companies returned these questionnaires, for a response rate of 57%. An approximately equal number of questionnaires were received from companies which employ from 20-49 people (13), from 50-100 people (12), from 101-300 people (10), and over 300 people (11). Since this response rate is high, the information obtained in this study will provide a reasonably accurate picture of the attitudes of all 453 companies in the original population.

To supplement the information obtained in the questionnaires, twenty-five interviews were conducted with the officers or managers of the companies which returned the questionnaires. The companies visited were chosen from each of the different size employee categories and were representative of both north and south Santa Cruz County.

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THE PRESENT STATUS OF EMPLOYER SPONSORED CHILD CARE IN SANTA CRUZ COUNTY

The objective of this section is to describe both the prevalence and practice of employer sponsored child care in Santa Cruz County. To this end, the employers in the sample were presented with a list of five child care benefits and asked to specify which benefits they are providing for their employees. In all, forty-three companies responded to this question. Of this number, 40% (17) indicated that they provide at least one of the five types of child care benefits and 60% (26) indicate that they do not offer any form of child care for their employees. Focusing specifically on those employers who provide child care benefits, 28% (12) offer flexible time for parents and 12% (5) provide resource and referral services. The full range of information regarding the prevalence of different employer sponsored programs is presented in Table I.

TABLE I

EMPLOYERS PROVIDING SELECTED CHILD CARE BENEFITS

Child Care Benefits	Providing	Not Providing	N
Flexible hours for parents	28%	72%	43
Parenting classes	0%	100%	42
Child care placement in outside programs	0%	100%	41
Work-site programs	0%	100%	42
Resource and referral services	12%	88%	42

Flexible time is not simply a child care benefit. Employers report that they provide this service for reasons that go beyond child care issues. Nevertheless, they indicate that a substantial proportion of employees use this service as a way to handle child care problems. In particular, flexible time helps parents adjust to child care emergencies such as transporting a sick child to a doctor and to more routine matters such as a discrepancy between the parent's work schedule and their children's school schedule. In terms of these emergencies, one employer suggests,

> If an employee is in a stressful situation
> we will adjust by providing flexible time.

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With respect to scheduling problems, another employer put it this way,

> If a parent needs to be home by 3:30 to take care of children, the parent can start work at 7:00 AM instead of the usual time of 8:00 or 9:00 AM.

Finally, a manager for one company describes the practice of flexible time in the following manner,

> Parents are often allowed to change shifts so that one or the other can take time off in order to care for their children.

In addition to flexible time, five companies sponsor resource and referral services for child care. Typically, employees use this service when they are not satisfied with their present child care arrangements or when they do not know how to establish contact with available child care services in the community. In this study, the personnel officers suggest that they handle these problems by meeting with the employee and providing the necessary information or posting a list of the existing child care services. Of most employers who provide resource and referral services, one suggests that several employees use these services each month. Another employer reports that he receives requests "occasionally" for these services.

THE FUTURE STATUS OF EMPLOYER SPONSORED CHILD CARE IN SANTA CRUZ COUNTY

While the last section dealt with the types of child care benefits that employers in Santa Cruz are presently providing, this section will discuss the attitudes of employers toward providing such benefits in the future. The focus is upon the long range plans of employers--in particular, those employers who believe they are not presently providing such child care benefits. When these employers were asked if they would consider offering child care benefits in the future, 77% (28) said they would not, 23% (8) said they would. Thus, a sizeable majority believe that employer sponsored child care will not be feasible in the future. Employers cite a number of reasons for this attitude. As one employer suggests.

> Most of our employees are men and the women have family or friends to take care of their children. Besides, we do not see ourselves as being all things to our employees - that is, child care costs today, transportation costs tomorrow..... .

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In the words of another employer,

> There is not a shortage of employees here. Maybe in San Jose it would be more feasible because of their lack of employees.

Finally, one employer put it succinctly,

> Our business is doing poorly. Child care would not be cost effective.

At first glance, employers appear to exhibit a generally negative attitude toward sponsoring child care programs. It is misleading, however, to suggest that employers are unalterably opposed to these forms of child care. Even with those employers who would not consider providing child care in the future, there is considerable variability in terms of the degree of opposition. Though 77% (28) indicate that they do not plan on sponsoring future child care programs, eleven of these employers suggest they would reconsider if the child care needs of their employees increase. And six employers suggest they would reconsider if they had more information regarding child care benefits.

As suggested, roughly one-quarter (23%) of those employers who are not presently providing child care indicate a willingness to do so in the future. For a variety of reasons, they see it within their interests or the interests of their employees to consider these child care programs. Several of the substantive reasons that employers give for looking favorably upon future programs include the following,

> It is feasible because there are a lot of single parent and low income families and our work schedules often change.

Another employer suggests,

> We would like to participate because our workers could use such a service. But we probably would not be first.

THE FACTORS INFLUENCING THE ATTITUDES OF EMPLOYERS TOWARD EMPLOYER SPONSORED CHILD CARE

In looking at employer sponsored child care from the perspective of employers, it is most difficult to characterize an overall attitude or response. Some employers oppose it, some favor it but do not think it feasible, some see it as essential and have implemented various types of programs, and some view it as feasible in the future. In order to understand these different attitudes, this section will explore a number of factors which serve as criteria for the development of these particular beliefs. It focuses upon the employer's perception of child

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child care needs, the prohibitive features of employer sponsored child care, and the employer's knowledge or familiarity with such programs

THE PERCEPTION OF CHILD CARE NEEDS

When employers evaluate the feasibility of a child care program, they take into account the distinctive characteristics or requirements of their companies. The employer's perception of his or her employee's child care arrangements, the size of the employee population, the incidence of employer turnover, the level of employee productivity, the ability to attract new employees, the company's community image, are just a few of the issues that employers may consider in formulating their company's child care policy. Though these issues often merge into one another, for purposes of analysis it is possible to classify these characteristics into four broad categories - the child care arrangements of employees, demographic characteristics of the employee population, productivity problems, and company image concerns. Each set of issues may influence an employer's perception of child care needs.

An important determinant of a company's response to employer sponsored child care is the child care arrangements of its employees. For example, the number of employees whose children are currently in child care programs, the parents satisfaction with these programs, and so on may influence an employer's decision to establish a company sponsored child care benefit. If a company is to take these factors into account, however, an employer must be familiar with the child care arrangements of his or her employees. Accordingly, this study asked employers if they were familiar with the child care arrangements of their employees. The employers' response to this question exhibits a wide range of familiarity. Twenty-three percent (9) of the employers are very familiar, 27% (11) are familiar, and 50% (20) are not at all familiar. These levels of familiarity may influence an employer's perception of the child care needs of his or her employees which, in part, explains the different responses to employer sponsored child care.

There are at least two demographic characteristics of an employee population which affect an employer's decision to sponsor a child care program. The first involves the relative percentage of men and women who work in the company. Though child care is not simply an issue for women, a number of employers expressed the belief that they do not have a need for child care because they employ a high percentage of men. Because such views prevail, it is important to look at the percentage of men and women in the labor force. Based on the information supplied by employers, 50% of the people who work in Santa Cruz County are women. There are some individual companies, however, who employ either a high percentage of women or men and thus define their child care needs differently. For example, 23% of the companies in the sample have an employee population in which women make up over three-quarters of the workers and

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20% of the companies have an employee population in which over three-quarters are men. These demographic facts may play a part in an employer's decision to adopt employer sponsored child care.

The second demographic feature affecting the attitude of employer's toward child care is the percentage of employees under thirty-five years old. Companies which employ a large number of people under thirty-five are more likely to have employees with children who will be eligible for child care programs. In the overall sample, 54% of the employees in Santa Cruz County are under thirty-five years old. When the percentage of workers under thirty-five is compiled for each individual company, 53% of the companies indicate that at least half of their workers are thirty-five and under. For the majority of employers, therefore, a child care program would be feasible if this age criteria is read as an indication of employees' need for such services. Some employers encouraged this interpretation in their substantive comments. For example,

> Child care is a definite need because our workers are mostly young women and several of them are now pregnant.

For other employers, however, the high percentage of people over thirty-five causes them to think less seriously about child care.

> Only a few people in our company need child care. Either the women are not married or they have grown children.

A third major set of issues influencing a company's perception of child care needs revolves around the problem of employee productivity. Kathryn S. Perry (2) has reported that the presence of an employer sponsored child care program provides benefits to a company in terms of lower absenteeism and lower job turnover. A company experiencing these problems, therefore, may look more favorably on employer sponsored child care as a way to reduce employee stress and increase employee commitment to the company. If these problems are not of great concern, the need for such programs may be less. The latter seems to be the case in Santa Cruz County. Employers indicate that employee absenteeism, tardiness, and turnover due to child care concerns are not major problems. The results are presented in Table II.

TABLE II

Employers' Assessment of Employee Problems Due to Child Care Concerns

Employee Problems	Frequency			
	Frequently	Occasionally	Very Rarely	N
Absenteeism	7%	43%	50%	42
Tardiness	3%	31%	66%	42
Turnover	2%	24%	74%	42

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Two-thirds to three-quarters of the employers in the sample suggest that turnover and tardiness are very rare. This helps to explain why a majority of employers do not believe their company requires employer sponsored child care. The data on absenteeism, however, is more difficult to interpret. One half of the employers suggest this problem is very rare, the other half indicate it is a problem encountered frequently or occasionally. For these companies, employer sponsored child care may be viewed as part of a broader effort to deal with this productivity issue.

It is conceivable, however, that even if a company is experiencing problems of employee absenteeism, tardiness, and turnover, an employer may not believe that a company child care program would do much to reduce these problems. Since employer sponsored child care is a relatively new development, employers may prefer to deal with such problems by offering more traditional benefits or by instituting other management techniques. Therefore, it is important to acquire an understanding of the more principaled attitudes of employers toward child care programs and productivity problems. Irrespective of a company's problems at the moment, do employers generally believe that child care benefits will alleviate productivity concerns. The data bearing upon this issue is presented in Table III.

TABLE III

Child Care Benefits and Productivity Problems

Would a Child Care Benefit	YES	NO	N
Reduce absenteeism	29%	71%	38
Reduce tardiness	28%	72%	39
Reduce turnover	20%	80%	39

Based upon these findings, approximately seven employers out of ten do not believe that child care benefits would reduce problems of absenteeism, tardiness, and turnover. In phrasing this question in such dichotomous terms, a good deal of the subtlety with respect to the employer's response may have been lost. One might suppose that most employers would see <u>some</u> productivity benefits in introducing child care programs. Nevertheless, it appears that most employers have either not been made aware of the studies which show a positive relationship between child care programs and reduction in productivity problems or their personal experiences and expertise leads them to discount the significance of employer sponsored child

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care. In either case, the employer's perception of child care needs appears to be greatly influenced by these abstract attitudes and considerations.

Finally, a company's assessment of its child care needs may be affected by company image concerns. A company may sponsor child care benefits because they are viewed as good public relations. A child care program may help satisfy certain needs of the company in terms of improving employee attitude, the company's ability to attract new employees, and the company's community image. Table IV presents the relevant information.

TABLE IV

Child Care Benefits and Company Image Problems

Would a Child Care Benefit	YES	NO	N
Improve employee attitude toward the company	37%	63%	34
Improve company's ability to attract new employees	43%	57%	37
Improve company's community Image	40%	60%	35

On the average, 60% of the employers do not believe that child care benefits would improve company image concerns. Once again, it is important to point out that this is a general attitude and it should not be interpreted as an absolute denial of the importance of child care programs. This is especially true given the relatively "large" percentage of employers who believe that child care benefits add to the company's positive image in the eyes of employees, perspective employees, and the community at large. In terms of all of the criteria that employer's use to assess the child care needs of their company, at the present time this may be one of the major reasons why a company chooses to establish a child care program.

PROHIBITIVE FEATURES

Employers develop a response to child care not only in terms of their perception of child care needs but also in terms of their definitions of the prohibitive features of such programs. That is, even if an employer decides that the needs of the company warrant employer sponsored child care, the

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problems associated with implementing such programs may make it less feasible than other approaches to the problem. Therefore, to assess the overall feasibility, one must obtain some idea of the distinct features of employer sponsored child care which prohibit the adoption of such programs. To this end, employers were asked to rank these features from most prohibitive to least prohibitive. Though some employers believed that they did not have enough child care knowledge to produce this ranking, the majority were able to supply this information.

The most prohibitive feature of employer sponsored child care is operating costs. Fifty-three per cent of the employers say cost is the principal barrier. Of the eight companies who suggest that they would consider providing child care in the future, only one would pay the total costs for such programs and only three would pay partial costs. Employers support these views in the following way.

> I don't like to give benefits because they cost more.
>
> I have employees who earn $10.00 an hour, so they should pay for child care.

The second most prohibitive feature of employer sponsored child care revolves around the question of insurance and liability. Twenty-five per cent of the employers indicate that these problems discourage an interest in employer sponsored child care. The specific types of insurance and liability problems that employers cite include sharing legal responsibility with parents should a child become injured, making certain that enough employees use the child care services, and referring employees to a child care program which is substandard.

The issue of differential benefits is the third most prohibitive feature of employer sponsored child care and the questions surrounding facility regulations is seen as the least prohibitive. Twelve per cent of the employers say the primary obstacle is in offering a different set of benefits to those employees who have eligible children as opposed to those employees who do not have children or children who are ineligible. Facility regulations or licensing procedures generally include Federal or State regulations of child care programs. For example, California has established minimum standards for child/caregiver ratios, health standards for staff and children, fire and safety regulations. Six per cent of the employers cite these rules as the most prohibitive feature.

The rank order of barriers from most prohibitive to least prohibitive lists operating cost first, then insurance/liability, differential benefits, and facility regulations. In the course of interviewing employers, however, another major obstacle emerged. Specifically, a number of employers suggest that employer sponsored child care is simply not a high priority issue. Though these employers regard employer sponsored child care as a worthwhile objective, there are other benefits which the company considers more important. As one employer maintains,

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> Our employees are outspoken about their benefits, but child care has not been an issue. Other things like cafeteria facilities, higher wages, dental benefits are suggested more often.

Similiarly, another employer suggests,

> Child care is a low priority benefit. It's not as high as eye care or legal services.

Finally, one employer put the issue in an historical perspective by suggesting that even if child care is not a high priority at the present time, this can change dramatically.

> Who would have thought fifty years ago that, today, companies would be paying health care benefits not only for employees but for their families. You never know what might happen in the future with regards to child care benefits.

FAMILIARITY WITH CHILD CARE ISSUES

As suggested previously, a number of employers are reluctant to comment upon employer sponsored child care because they do not believe they have sufficient knowledge with respect to these issues. It may be the case, therefore, that the level of knowledge or familiarity with child care issues has an impact on the employer's perception of child care needs, prohibitive features of child care programs, and, in general, employer sponsored child care. In order to understand how this knowledge affects the response to child care, this section assesses the employer's familiarity with various child care programs and child care operating procedures. Table V presents the results with respect to child care programs.

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TABLE V

Employer Knowledge of Child Care Practices

Child Care Practices	Familiarity			
	Very Familiar	Familiar	Not Familiar	N
Family Day Care Homes	8%	29%	63%	41
Child Care Centers	19%	31%	50%	42
In-Home Care	12%	28%	60%	40
Work-Site Centers	5%	20%	75%	41
Infant/Toddler Care	2%	30%	68%	40
After/Before School Care	10%	27%	63%	40
Sick Child Care Facilities	0%	12%	88%	41
Parenting Classes	5%	25%	70%	41
Flexible Hours for Parents	10%	30%	60%	41
Resource and Referral for Child Care	8%	28%	64%	40

Perhaps, the most significant item in Table V is that approximately two-thirds of the employers report that they are not familiar with the various child care options. With the possible exception of child care centers, this seems to hold true across the different child care programs.

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To examine this familiarity issue in more depth, employers were asked to indicate their knowledge of several specific child care operating procedures. The objective is to discover what level of knowledge employers possess with respect to the procedures for implementing and establishing a program. Table VI summarizes the results.

TABLE VI

Employer Knowledge of Child Care Operating Procedures

Child Care Operating Procedures	Familiarity			
	Very Familiar	Familiar	Not Familiar	N
Operating Cost	10%	21%	69%	42
Facility Regulations	5%	17%	78%	40
Guidelines for Assessing Quality of Child Care Programs	0%	17%	83%	41
Insurance/ Liability	10%	20%	70%	41
Funding Sources	0%	28%	72%	41
Tax Advantages	0%	29%	71%	42

As one might expect, more detailed questions reveal less overall knowledge. Depending upon the particular operating procedure, 69-83% of the employers are not familiar with these procedures. Most likely, familiarity is a function of interest. If employers were more interested in establishing employer sponsored child care, their knowledge of both child care programs and operating procedures would probably be greater. One employer hints at this, when he suggests,

> We are interested in learning about the options and program models, but only to the point where the advantages outweigh the costs.

But one might also suggest that if employers had more knowledge about employer sponsored child care, their opposition to it or their view that it is not feasible may be altered. For example, if employers had more adequate knowledge about low cost programs, tax advantages, and program

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options they could more reasonably formulate a response to the changing child care needs of their employees.

Fifty per cent of the employers have, in fact, requested additional information with regards to at least one of the child care operating procedures. The percentage of employers desiring information on each specific operating procedure is presented in Table VII.

TABLE VII

Employer Request for Additional Child Care Information

Child Care Operating Procedures	Requests for Information	N
Operating Cost	38%	42
Facility Regulations	46%	41
Guidelines for Assessing Quality of Child Care Programs	40%	42
Insurance/Liability	40%	42
Funding Sources	38%	42
Tax Advantages	45%	42

Employers do not seem to have any special requests for the type of information they would like to receive. Of those employers who desire child care information, there appears to be an interest in all features of child care operating procedures.

SUMMARY and CONCLUSIONS

Perhaps, the most significant finding of this study is that employers in Santa Cruz County exhibit a wide range of responses toward employer sponsored child care. Employers differ in terms of their present support for this form of child care and their attitude toward future child care programs. This section will summarize these diverse trends and draw several conclusions on the feasibility of employer sponsored child care.

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What is the present status of employer sponsored child care in Santa Cruz County?

As of Spring, 1981, 60% of the employers are not providing child care benefits and 40% are providing at least one type of child care program. The specific type of benefits being offered are those which involve minimum support on the part of the employer. In particular, 28% of the employers offer flexible time for parents and 12% provide resource and referral services.

What is the future status of employer sponsored child care in Santa Cruz County?

Seventy-seven per cent of the employers who are not presently providing child care indicate that they would not consider providing these benefits in the future. Twenty-three per cent suggest that they would consider sponsoring future child care benefits. In large part, the attitudes of employers who do not find child care feasible are based upon current perceptions of employee need and current levels of knowledge regarding employer sponsored child care. Close to half of these employers suggest that if the child care needs of the employees increase or if additional child care information is made available, they would, then, consider sponsoring child care programs.

These changes are already taking place. Women--especially women with children--are increasing their participation in the labor force. There has also been more widespread dissemination of child care information. Therefore, it is likely that more employers will look favorably upon employer sponsored child care. It is reasonable to conclude that the majority of employers in Santa Cruz County will be sponsoring some form of child care in the future. The types of child care that will be offered will, most probably, include those which are least costly such as flexible time for parents, resource and referral services, and job sharing. However, it is possible that when employers have more knowledge about the advantages of child care in terms of employee productivity, tax incentives and employee relations, they will increase their support for such programs.

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PREPARED STATEMENT OF JOHN J. SWEENEY, INTERNATIONAL PRESIDENT, SERVICE EMPLOYEES INTERNATIONAL UNION

STATEMENT OF THE SERVICE EMPLOYEES INTERNATIONAL UNION, AFL-CIO

Chairman George Miller, members of the Select Committee on Children, Youth and families.

Thank you on behalf of the Service Employees International Union, AFL-CIO for the opportunity to discuss child care problems faced by our union members in California.

The Service Employees International Union (SEIU) represents 850,000 members in more than 100 occupations in the United States and Canada. Many of our members work in the healthcare and service industries which operate on 24-hour schedules. Thus, SEIU is well aware that the needs of working parents are too often ignored both by employers and by our government. We welcome opportunities such as this to share our experiences and conclusions about the urgency of providing quality, affordable child care for working parents.

Nearly half of our members are women. Their numbers reflect the dramatic increase of women in the paid labor force over the past 40 years. In 1950, 12 percent of all married women who had children under age six were working for wages. By 1965, this figure had risen to 23 percent, and by 1969 over 43 percent of all married women with children less than six years old worked for wages. In 1990, an estimated 11.5 million pre-school children will have working mothers, along with about 17.2 million school-age children.

Women work because of economic necessity. Close to 70 percent of women in the workforce are single, widowed, separated or divorced,

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or have husbands with annual incomes below $15,000. In addition, the number of single-parent households headed by men has risen. The need for quality child care services is crucial to millions of working men and women. That need will not diminish.

Who would deny that children have a right to quality child care? Children have a right to be healthy, loved and cared for in a safe environment. Children left alone at home or placed in low-quality programs may suffer physical or psychological injury. We are all aware of the shocking reports made recently about sexual child abuse allegedly occurring when parents were forced to leave children in inadequate facilities. And such reports may be only the tip of the iceberg.

What arrangements do our working parents make for child care? A survey of employees in 1981 in two Kaiser-Permanente hospitals in California revealed that only 2 percent had their children in a licensed family home provider, 14 percent used day care centers, 22 percent had care provided by a family member or relative, and 24 percent hired babysitters. Those parents not using centers listed their major reasons as cost, inability to find one that was both high-quality and convenient, or a preference for in-home care. More than one-half of all parents responded that they did not have adequate child care arrangements.

Higher-income families hire housekeepers to look after the children. Most parents, of course, cannot afford this luxury. They are left to catch-as-catch can from available

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private and public options. Non-profit day care centers, often community- or church-sponsored, are frequently a good choice, but they are far too few in number. Licensed family day care is another possibility, but here again, the need woefully exceeds the availability of such services. More and more parents are reluctantly allowing their children, age 5 to 15, to let themselves in and out of the house before and after school. California alone has approximately 65,000 such "latchkey" children. This arrangement places tremendous stress and worry upon parents, preventing them from fully participating in their work.

Another alternative for working parents is the growing number of for-profit child care center chains. These for-profit centers have sprouted up to meet the urgent need for child care. While some centers are very well run and staffed, others are not. SEIU recommends that these facilities be closely monitored to ensure that the profit motive does not take precedence over the health and welfare of the children.

The proprietary sector keeps labor costs down at these centers by hiring part-time workers, paying minimum wage and giving no fringe benefits. Such poor compensation fuels a high turnover among these child care employees. Most experts on early childhood agree that quality care for children is a personal, human relationship with an individual care-giver, not a "product" that a succession of strangers can dish out. The image of a generation of "Kentucky Fried Children" is not an appealing one.

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Mr. Chairman, the United States is the richest country in the world, and the only industrialized nation without a national policy on child care. Can't we come up with a national policy for child care which will provide an array of options for both working and underprivileged families? Can't we use our best minds to devise a national system that would ensure quality, affordable child care to those who need it?

What is quality child care? Quality means bright, child-orientated spaces, low pupil-staff ratios, and continuity of care with the same provider. It also includes an adequately compensated staff with full fringe benefits.

SEIU believes that unionization of day care providers can improve the quality of care. For example, we represent employees at Mini-Skools Limited in Ontario, Canada, and at the Day Nursery in Lowell, Massachusetts, among others. The gains in pay negotiated by unions constitute only part of the advantages of unionization. SEIU has secured benefits which include improved health coverage; a negotiated contract which clarifies such working conditions as breaks and overtime policy; and improved vacation and sick leave benefits. Unions can provide better working conditions for day care providers, which in turn helps to stabilize this workforce and attract a higher caliber of staff. The result is better care for children.

SEIU is emphasizing the importance of child care at the bargaining table because we firmly believe that family issues are union issues. Our members, like many working parents, cite

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child care problems in survey after survey. Their difficulties include high cost, undependable care, and inability to find good-quality centers that are reasonably convenient. SEIU local unions in California are exploring a number of negotiating options such as labor-management committees on child care, employer-sponsored centers, information and referral services for working parents, voucher plans which subsidize placement in exisiting facilities, expanded sick leave, and consortiums with other unions and other employers to provide care.

Hospital and Service Employees Union, SEIU Local 399, and Kaiser-Permanente Hospitals in Los Angeles demonstrated one approach unions are using to encourage management to provide child care services. They negotiated contract language to establish a joint labor-management committee. The joint committee was the result of several years of grassroots organizing and activity. A well-researched report and a petition of several hundred signatures preceded the 1980 success at the bargaining table. After conducting a needs assessment survey of employees, the committee recommended establishing a pilot information and referral program, and studying the possibility of child care for leave for sick children.

Other locations where joint labor-management committees were successfully negotiated include SEIU Local 390/400 in the City of Hayward and in the City of Berkeley for city employees. Both committees will be conducting studies to determine the feasibility of employer-sponsored child care services.

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SEIU Locals 434, 535 and 660 in Los Angeles have moved beyond the joint committee stage. Together with the Coalition of County Unions, they have submitted a proposal to the county board to have the county employ a child care consultant to produce a functioning on-site center within 12 months. The center would be located at Los Angeles County Medical Center. The proposal is currently blocked at the county board level, and the unions are intensifying their lobbying efforts.

The California State Employees Association, SEIU Local 1000, also successfully negotiated a labor-management committee. Currently they are pushing for contract language to implement an on-site system and a child care benefits package. Other recommendations include: a rent-free lease agreement with the state, sick leave for children, a latchkey program to care for children who would otherwise be left at home alone before and after school, and a voucher plan which would allow employees to choose their own child care arrangements. These recommendations address a range of needs, including the need to create more facilities for children of state employees.

These examples demonstrate how SEIU locals and affiliates are negotiating child care services with private and public employers. It is not an easy task. One major obstacle is management's resistance to the idea. Stories about employer-provided child care centers make big headlines, but they constitute less than one percent of the total. It took Local 399 five years of

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grassroots organizing and activity to win contract language creating a labor-management committee.

In the public sector, problems can arise in winning approval from the county or state board for a union-sponsored proposal to establish child care services. SEIU locals in Los Angeles are faced with delaying tactics by the county board.

Funding is another obstacle that unions confront in trying to implement child care services. In Los Angeles County, the problem was solved by contributions from the hospital and the union. However, while multi-funding sources can add variety and quality to services, tracking down and monitoring funding sources is time-consuming.

Despite the obstacles, there are success stories. The state of New York, for example, is a trend-setter in providing child care for its employees. The Public Employees Federation, Local 4053 of SEIU, the state Civil Service Employees Association, and the Governor's Office of Employee Relations formed the Empire State Day Care Service, Inc. "to open and operate child care centers at state facilities throughout New York for the children of state employees." The Children's Place opened in Albany in September, 1979. It was so successful that Empire State now runs 18 centers, with more expected to open.

All the centers under Empire State, Inc. are non-profit, self-supporting. Operating costs and staff salaries are paid from fees charged to parents. The state of New York pays the salary, for Empire State's executive director and provides

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in-kind services such as a free space lease agreement and daily maintenance.

SEIU will continue to address family issues at the bargaining table and work together with child advocacy groups such as the Children's Defense Fund to devise creative legislative strategies for the provision of quality child care. Certainly child care must be available to children of all ages on round-the-clock schedules at affordable prices. In addition to devising new or better initiatives in child care, we must examine existing programs and policies for their impact on child care. For instance, our income tax policies which now allow for income tax credit should be re-examined to see if they truly benefit the low- and middle-wage earners who most need help.

SEIU strongly believes that child care is part of the solution to strengthening the family and to meeting the needs of our working parents by providing them with the "peace of mind" necessary for them to be productive workers in our society.

We will continue to work in coalition with child advocacy groups and with this committee because nothing is more precious than the future of this nation's children.

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PREPARED STATEMENT OF SANDRA L. BURUD, PRINCIPAL INVESTIGATOR, NATIONAL EMPLOYER SUPPORTED CHILD CARE PROJECT, CHILD CARE INFORMATION SERVICE, PASADENA, CA

Thank you for the opportunity to submit testimony for the written record. My testimony concerns general policy steps regarding the encouragement of private sector initiatives to support child care.

The following comments are based primarily on my experience directing the National Employer Supported Child Care Project which was funded by the U.S. Department of Health and Human Services. The purpose of the project was to study all of the employer supported child care services in the country and write a comprehensive "how-to" manual for employers: Employer-Supported Child Care: Investing in Human Resources(Auburn House Publishers, 1984). This study is the most comprehensive review of its kind to date, including the many different forms of employer supports such as company centers, reimbursement systems, family day care networks, information and referral services, parent education programs and corporate contributions to community child care programs. During the project I visited programs throughout the country, conducted a written survey of the programs themselves and their supporting company, and met with other leading experts in the field. The Project identified a total of 415 companies with child care services as of June 1982, all of whom participated in the survey.

Other professional experience in employer supported child care also contributes to my testimony. I have directed the on-site center at Methodist Hospital of Southern California in operation since 1958, directed and served on the board of directors of the on-site center at California Institute of Technology, and have acted as a consultant to over one hundred companies conducting feasibility studies and setting up programs. Input from all of these experiences indicate a need for government initiatives to assist and encourage employer involvement in child care.

PREFACE

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Employer supported child care has attracted a great deal of attention as a means of addressing the child care dilemma. Employers can increase the supply of care by establishing company centers or family day care home networks. They can increase its affordability by making contributions to local programs or by giving employees a child care reimbursement. They make care more accessible through in-house or contractual information and referral services. Through informational programs they help workers be more informed child care consumers and parents. Through flexible personnel policies such a flextime, job-sharing, family leave time, and flexplace, they can reduce the need for child care.

THE PROBLEM

Although employers seem to be a natural part of the solution to the child care puzzle, their level of involvement has not grown rapidly enough. The number of companies with child care services rose almost three hundred percent between 1978 and 1982, from 105 company centers to 415 programs of all types. Although the total is now estimated to number 1000 companies, this number still only represents a fraction of the companies required to make a significant impact on the child care problems faced by working parents. As the health care industry comprises nearly half of all programs, it is clear that many industries are only beginning to consider offering child care. California ranks first in the country with the most employer supported programs, but still has less than one hundred companies in the entire state which offer child care assistance.

A number of national studies have addressed the barriers preventing the rapid spread of private sector child care activity. Lack of information is still the major prohibitor. Employers still are not aware of the need for child care at their own company, the range of ways they can address such a problem, successful model programs, potential productivity savings, and ways of addressing concerns such as liability, equity, tax implications and legal issues. The second major barrier is the expense of offering child care, particularly company centers and reimbursements. Thirdly, it is prohibitively complicated for employers (particularly those with multiple work sites) to support existing child care services because the child care market is not a coordinated whole. Finally, child care is simply not a high priority in the corporate scheme of things, a fact aggravated by the understandable hesitancy of employees to speak up about their child care difficulties. Without internal or externals stimulus, a child care study can easily become a low priority.

Efforts to encourage employer involvement are essential if the resources of the private sector are to be fully utilized. The public sector can be an effective catalyst by making critical

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information available to companies, by addressing cost barriers through model programs with joint sponsorship, by assisting the child care community in broad based integration so that employers can contract for local services with reasonable facility, and by creating heightened visibility to keep child care a top priority.

PUBLIC POLICY STEPS TO ENCOURAGE EMPLOYER INVOLVEMENT IN CHILD CARE:

Federal initiatives can address these barriers which prevent the full utilization of private sector resources for child care. These pro-active initiatives include establishing 1) coordinating mechanisms, 2) educational forums, 3) cost-effective models and 4) incentives to government contractors.

1. Coordinating Mechanisms

a) Coordination of the existing child care network must occur, empowering community child care programs to contract more easily with employers. Individual non-profit organizations need outside resources and stimulus to band together and form a unified system which employers can tap into. In one such effort at the 4C's of Orlando, Florida one community agency acts as a broker, administering employer contributions to local child care programs, providing child care referrals, and supporting the improvement of quality of these programs through educational programs. Such a system brings cohesion to the overall child care market and simplifies the employer's role in child care.

Without newly developed integration, employers shy away from supporting community child care programs, which eliminates one of their most attractive options for child care support. At present only a small part of the for-profit child care provider community is linked in networks. The majority of high quality programs are single entities. Thus a multi-site employer faces an inordinantly difficult task of dealing with multiple child care programs. Through federally funded mediating structures, the child care community can become a more integrated whole which encourages rather than discourages employer contributions.

2) Educational Forums

The purposes of offering educational forums are to heighten the visibility of employer supported child care, to give technical information necessary for employers to consider it, and to address concerns such as equity, liability, tax implications and legal issues. These forums could use a variety of formats, including:

a) High level meetings for chief executive officers. This concept was effectively utilized in a series of 15 seminars

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across the country sponsored by the White House Private Sector Initiatives Task Force in 1983-1984. Each meeting was hosted by a business leader who invited his/her executive colleagues. The status of the White House drew a large number of attentive executives to hear, often for the first time, about child care.

b) Large scale conferences for employers, with focus on human resource directors or employee benefits personnel.

c) Small group meetings organized by local communities with federal matching funds. These meetings could help coalesce groups of companies who might join in consortium efforts. This format helps to bring child care past the initial stages of consideration to the actual implementation of programs, by utilizing peer pressure, sharing resources and offering a direct forum for addressing any practical concerns which block implementation.

d) Initiatives with business organizations to jointly encourage employer involvement in child care. Business organizations such as the Chamber of Commerce could be encouraged to take on employer supported child care as a project, raising members' awareness to the issue, and directing them to technical information and expertise.

Other initiatives might include meetings with trade organizations, benefits research groups, accounting firms, attorneys, and management consultants to inform them about child care and direct them to appropriate resources. Often businesses, not knowing where to find the correct information on child care seek out the firms with whom they normally do business regarding employee services and benefits.

e) Information dissemination to working parents about how to obtain their own employer's assistance with child care. By mobilizing internal interest, employers will be more motivated toward action. Parents need information about the possible ways their employer can help with child care and safe methods for raising their child care concerns to management. Informational campaigns could include educational campaigns, publications, and grants to local child care agencies to conduct information dissemination.

f) Materials Development. Much literature is now available on the topic of employer supported child care. Dissemination of a selected resource list would be of value, along with the development of short brochures highlighting child care needs specific to particular industries, options, advantages to employers of offering child care and local resources available for technical assistance.

3. Cost-effective models

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Two of the most cost-effective models consortium arrangements and corporate support of community child care programs.

a) Consortium programs

Public policies to stimulate the development of consortium arrangements include encouragement to outside planners to take the initiative, gathering groups of employers together and giving them technical assistance. Local groups can bring together companies with similar needs and complementary resources, arrange for regular group sessions to maintain the momentum of child care interest, connect them with vital resources, and help work out technical problems like licensing roadblocks.

b) Corporate Support To Community Child Care Programs

Facilitation of corporate support to community child care programs, by developing brokering mechanisms within the child care community will make one of the most-effective models more practical for business. At present, changes in existing programs such as extending their hours through corporate grants, enlarging their capacity, improving quality through teacher training, hiring more staff or hiring better qualified staff are tasks which demand too much involvement on the part of business. What is required are the mediating structures discussed above, managed by child care professionals with financial support from business. Public assistance is essential in order for the child care community to establish such mechanisms.

4) Incentives to Government Contractors

Public policies could encourage companies bidding on government contracts to offer child care assistance. Companies offering child care assistance could be given preference points in the bidding process. It could also be specified that these contributions to child care are an allowable expense, if not already so specified. During World War II the Kaiser Shipyard centers were funded through an arrangement of this nature. The cost of the child care centers were an allowable cost of doing business, passed on to the federal government as part of a "cost plus fixed fee arrangement". In any case, the extra cost of providing such a service should not be counted against a bidder.

Most importantly, all incentives to encourage employer support to child care should include stipulations that encourage the development of high quality care. Otherwise, private sector support will only perpetuate, if not worsen the quality problems so much a part of the child care market. Thus, employers should be encouraged to go above state minimum licensing requirements particularly in staffing their programs. They should also be encouraged to use qualified child care professionals to assist

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them in the feasibility study process and to establish and administer programs.

The above suggestions represent a variety of ways to stimulate the badly needed involvement of employers in child care. It is clear that without outside stimulus the vital solution to child care that industry offers is likely not be tapped within the critical future. Although there is general consensus that private sector support to child care makes good sense; consistent, well-organized and pro-active promotion of employer resources remains a task ahead of us. It is critical that the public sector play such an catalytic role.

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RESOURCES ON EMPLOYER SUPPORTED CHILD CARE

Publications:

Corporate Initiatives for Working Parents in New York City, Kristin Anderson, Center for Public Advocacy Inc., New York, NY, 1983, $10.00. Description of a New York study regarding the level of employer interest and barriers to employer involvement in child care, with a breakdown by industry type.

Employer Supported Child Care: Investing in Human Resources, Sandra L. Burud, Pamela R. Aschbacher, and Jacquelyn McCroskey, Auburn House Publishers, 14 Dedlam, Dover, MA, 02030-0658, 1984, $15.00. A comprehensive how-to manual to guide employers from the initial stages of investigating child care to program implementation. Also reports findings from the National Employer Supported Child Care Project's national study of all forms of employer child care initiatives, including the productivity advantages of corporate involvement. Eight different types of programs are addressed: on-site centers, reimbursements, referral services, support to existing child care programs, family day care networks, parent education programs, care for ill children, and care for school-age children.

Encouraging Employer Support to Working Parents, Dana Friedman, Center for Public Advocacy Research, Inc. 12 West 37th Street, New York, NY 10018, 1983, $9.00. National overview of initiatives to encourage employer supported child care and results of a four city study regarding characteristics related to employer receptiveness to work and family policies.

"For the Company Suggestion Box: Tactful Notes on Child Care", Sandra L. Burud, Working Mother, Vol. 5, No. 10, p. 38. Safe and simple ways employees can raise the issue of child care to their employer and seek assistance.

Government Initiatives to Encourage Employer Supported Child Care: The State And Local Perspective, Dana Friedman, Center for Public Advocacy Research, Inc., New York, NY, 1983, $10.00. A national review of public policies, both pending and enacted, to encourage employer support to working parents.

List of Employer Supported Child Care Programs in the U.S., Kay Clarke, National Employer Supported Child Care Project, 330 S. Oak Knoll Rm 22, Pasadena, CA 91101, 1982, $10.00. A national directory and description of employer supported child care programs of all types. Each program description includes capacity, hours, legal structure, and the support arrangements with the company.

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New Management Initiatives for Working Parents, C. Baden & Dana Friedman, Proceedings of a Conference for Employers sponsored by Wheelock College, Wheelock College, 180 The Riverway, Boston, MA 02215, 1981. Overview of the topic of employer supported child care including program examples and discussion of alternatives.

Tax Incentives for Employer Sponsored Day Care Programs Commerce Clearing House, Inc., Chicago, 1980. Overview of the tax code relative to employer involvement in child care.

Other Resources:

California Child Care Resource and Referral Network
Patty Siegel, Director
320 Judah Street Suite 2
San Francisco, Ca 94122
415 661-1714

Center for Public Advocacy Research, Inc.
Ronald D. Soloway, Director
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Child Care Law Center
Kathleen Murray, Attorney
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Conference Board
Dana Friedman, Researcher
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New York, NY 10022
212 759-0900

National Employer Supported Child Care Project
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Pasadena, CA 91101
818 796-8258

Wellesley School-Age Day Care Project
Michelle Seligson, Director
Center for Research on Women
Wellesley College
Wellesley, MA 02181
617 235-0320

Work and Family Directions
Gwen Morgan and Fran Rogers
Wheelock College
180 The Riverway
Boston, MA 02215
617 734-5220 ext189

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PREPARED STATEMENT OF ROBERT A. CERVANTES, PH.D., ASSISTANT SUPERINTENDENT, CHILD DEVELOPMENT DIVISION, CALIFORNIA STATE DEPARTMENT OF EDUCATION

California has long been the national leader in the development of innovative and creative child care services. We have more child care, better child care and more auxillary support systems to our child care. This is not accidental. It is the direct result of how child care developed and the leadership that has existed. Since we are currently in a critical phase for future developments, an examination of our history may be helpful in planning.

Although, some small elements of child care existed in California in the 20's and 30's, they impacted on a very small group of children. In the 40's, two developments took place simultaneously that have had a lasting effect. The first are the child care centers which were established during World War II with Federal Funding. In California they were administered by the State Department of Education and mainly operated through the public schools. The aspect of the war-time centers that made California unique was that they did not cease functioning when the war ended. A coalition of child care advocates, active parents and some committed legislators guaranteed the continuation of publicly supported child care, no longer with Federal Funds, but with state funds. This represented a major accomplishment aAnd has had an important impact because it has provided a coninuity of subsidized child care in California.

There was another development going on at the same time that was equally important and had as much of an impact. The 40's and 50's was the period of the flowering of child development theory. Many colleges and universities began to teach child psychology, and there was great interest in early development and new theories of child rearing began to be widely discussed. This was also the period when large numbers of middle-class mothers, staying at home with their young children, recognized their need for respite for themselves and the children's need for more socializing experiences then were possible between just the mother and child. Many mothers were also interested in finding out more about child development and child rearing. The 40's and 50's saw a burgeoning of nursery schools, parent co-ops, and parent/child observation classes. The most skilled and best trained professionals were involved in this private sector development. Almost every woman over 50, in the child development field today, was a teacher in one of these private nursery schools or a parent or teacher in a parent/co-op program. It was in this arena that commitment to quality programs was developed; and it was those programs that developed the pool of trained experienced, and committed advocates for quality programs.

The 1960's and 70's were years of turbulence in which many social changes took place. Those having the most significant impact on child development programs in California were:

1) The development of Head Start and Start Preschool programs;

2) The entry of large numbers of women into the work force; and

3) The availability of federal funds for child care.

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In California, there were t..ee types of child care, each functioning with different administration.

First: The private sector programs including center care and family day care were, and continue to be, regulated for health and safety by the Department of Social Services.

Second: The State funded programs were administered through the State Department of Education under Title V Education Regulations, and represented the continuity and the expansion of the World War II program.

Third: Federally funded programs administered through the State Department of Social Services, were operated by County Departments Social Services, and regulated by Federal Interagency Day Care Regulations.

The variety of regulations and administrations caused public confusion and created a number of problems. After much discussion and debate, the California Legislature passed the Child Development Act of 1972. This Act assigned the state administration of all subsidized child care under the Department of Education.

The six major programs currently administered by the Department of Education's Child Development Division are General Child Development; Migrant Child Development; Campus Child Development; School-age Parenting and Infant Development; Alternative Payment; and Resource and Referral programs.

1. General Child Development programs utilize a variety of facilities, including child development centers, family day care homes, and combinations of both. All these programs offer similar services that include, but are not limited to, basic supervision, educational experiences, health services, parent education, staff development, nutrition, and limited social services. These programs are operated by a variety of private, nonprofit agencies and public agencies, such as community-based organizations, offices of county superintendents of schools, school districts, county welfare departments, and cities. Children from birth through fourteen years of age are served in these programs. These programs are currently funded at $187,712,000, and serve 115,258 children.

2. Migrant Child Development programs serve children and infants while their parents are employed in fishing, agriculture, or agriculturally related work. The centers are open for varying lengths of time during the year depending upon harvest activities in the area. Migrant Child Development programs serve children from infancy through age fourteen. These programs are currently supported by state and federal funds for a total of $7,952,000, and serve 7,482 children.

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3. Campus Child Development programs are intended primarily to care for the children of students on two-year and four-year college or university campuses. In addition, they frequently serve as training sites for students enrolled in child development programs at the college or university. These programs are much like the General Child Development programs described previously. Campus programs primarily serve preschool age children. These programs are currently funded at $9,223,000, and serve 6,492 children.

4. School-age Parenting and Infant Development programs serve secondary school-age parents. Located on or near the high school campuses, these programs provide child development services for infants and provide parent education and career development opportunities for their school-age parents while they complete high school. These programs are currently funded at $4,626,000, and serve 2,222 children.

5. Alternative Payment programs offer an alternative to child care modalities that concentrate on center-based care. These programs offer an array of day care arrangements that may include in-home care, family day care home, and child development centers. Payment to the licensed care provider selected by the family is made by the Alternative Payment agency, in the form of a vendor payment to the provider. These programs are currently funded at $17,584,000, and serve 11,493 children.

6. Resource and Referral programs provide information about available child care to parents, and coordinate community resources for parents and child care providers. These program is currently funded at $5,111,000.

B. Special programs. In addition to the programs just described, a number of other programs have been designed to meet special needs. These include: Intergenerational Child Care, a program that features the utilization of senior citizens as care-givers; programs for the severely handicapped, which serve children having handicapping conditions requiring special facilities and/or staff; and a Preschool Career Incentive Grant program which provides stipends to low income parents seeking a degree in the field of early childhood education.

1. Intergenerational Child Care programs recognize that the life-styles of older people often result in greatly diminished contact between the elderly and children. Bringing the elderly and children together in a child care program, has proven to be mutually beneficial to both. Funding for Intergenerational Child Care is included in the General child care budget.

2. Programs for handicapped and severely handicapped children. Child care agencies are not mandated, but are encouraged to serve children with handicapping conditions. A 1.1 increment over the base reimbursement rate per handicapped child is paid to agencies which integrate mildly handicapped with non-handicapped children.

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California also funds programs to serve severely handicapped children. These programs, which were originally funded by Title IV-A funds administered by county welfare departments, were transferred to the Department of Education in 1972, and now operate under the provisions of the California Education Code. Programs for the severely handicapped are currently funded at $651,000, and serves 161 children.

C. State Preschool program. The State Preschool program is a part-day educational program for prekindergarten children aged three years to four years, nine months, from low-income families. The program emphasizes parent education and parent involvement and includes health, nutrition, social services, and staff development components in addition to basic preschool educational activities. Current funding for this program is $32,162,000, and serves 19,300 children.

D. Limited Term programs In FY 1983-84 funds were appropriated on a one time only basis to support two additional program types; Respite Care and Employer Sponsored Child Care.

1. Respite Care: $700,000 was made available to agencies in FY 1983-84 for the care of approximately 2,200 children. Child care is provided for less than a 24 hour period to children who have been identified through referral as being, or potentially being, abused, neglected, or exploited. This program provides relief from family stress due to negative interactions in the home.

2. Employer-Sponsored Child Care: Sweeping social and economic changes have so altered the work force that child care problems have emerged as an employer-employee issue. The State Department of Education appropriated $250,000 to promote employer-sponsorship of child care in California. This year, thirteen agencies were funded to inform, and work directly with employers within their communities, on the development of child care services for their employees. When these services are fully operational, they will take several forms including work-site care, family child care, vendor-payment systems, and information and referral services.

It is anticipated that as a result of this effort, employer sponsored child care will be established and operative in at least six locations by December, 1984.

CALIFORNIA'S 1983-84 CHILD CARE INITIATIVES

The California Legislature is currently considering major expansion of its child care services through the following bills:

1) SB 1453 (Hart) would appropriate $7.5 million for the expansion of services to neglected and abused children.

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2) SB 1674 (Rosenthal) would, among other things, appropriate $15 million for expanding child care services in existing agencies, and for the development of new agencies in unserved and under-served areas and populations throughout the state. Additionally, $.4 million would be available for the expansion of services to severely handicapped children.

3) SB 1717 (Roberti) and SB 1718 (Hart) would establish a budgetary base of $100 million for latch-key child care services, and $50 million for: facility renovation and repair; relocatable facilities; equipment, supplies, and instructional materials; and additional resource and referral services.

4) AB 3138 (Statham) would provide $4 million for child care expansion: $1.5 million for Resource and Referral; $1 million for rural areas; $1.1 million for relocatable facilities; and $.4 million for facility renovation and repair.

CHILD CARE NEEDS AND RECOMMENDATIONS

Latch Key Child Care Programs

Need: Child care services for school age children which is available before and after school hours, and during all school vacation periods.

Recommendations:

(a) That enrollment in, and reimbursement for Latch Key Child Care services be based on the calendar year, as opposed to the school year, to ensure the availability of services every day (except holidays) that school is not in session; and

(b) That enrollment in a Latch Key Child Care program not preclude after school involvement/participation of school age children in parent-approved activities such as boys' and girls' clubs, music lessons, swimming lessons, scouts, etc..

Emergency Care and Care for Sick Children

Need: Reliable systems whereby working parents can obtain child care services for children who cannot or should not be accommodated in their customary child care setting because of an illness or a family emergency.

Recommendations:

(a) That resource and referral and vendor payment agencies, develop and maintain listings of emergency in-home child care givers for sick and emergency child care;

(b) That when the in-home care giver is utilized for purposes of sick-child care, the cost of care be reimbursed from agency funds where the child is enrolled; and

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(c) That Alternative Payment agencies budget a certain percentage of their funds for emergency and sick child care services.

Respite Care/Protective Services

Need: For existing and new programs serving children at risk to incorporate into their programs such things as counseling for parents who have been abused, and now abuse their children, and visitations of abused children to abusive parents who have been incarcerated.

Recommendations:
(a) That all respite care programs be authorized to expend funds for services to both parents and children.

(b) That respite care funds be awarded as special purpose funding. This would insure that funds would not be used for ongoing child care services, at the expense of children in need of temporary care.

Employer Sponsored Child Care

Needs: (1) To recognize that job performance and job satisfaction can no longer be divorced from an employees' need for a stress and anxiety-free family life as far as the child is concerned.

(2) To address the child care needs of employees of all income levels; and

(3) Entities in addition to federal, state and local governments to provide fiscal support for child care services.

Recommendation: That funding be made available for the on-going promotion and establishment of quality employer-sponsored child care services, in order to address the unmet child care needs of employees of all income levels.

Regulations

Need: For states already committing funds for services to latch-key children, children having special needs and children at risk not be required to change regulations when federal funding for these programs becomes available.

Recommendation: That states already providing services to these target populations be permitted the continued applicability of state regulations, if and when federal funding becomes available.

Federal/State Articulation and Coordination

Need: For the application of common standards for all government-subsidized children's programs and services, with respect to eligibility, program content, delivery and administration.

Recommendation: That there be on-going articulation and coordination between federal and state governments, regarding the delivery and management of children's programs and services.

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The Department of Education and child care advocates around the state trust that you and your committee will find California's history of child care both inspiring and helpful in your legislative deliberations on services to children, youth and families.

If the Child Development Division can be of any additional assistance to you, please do not hesitate to contact me.

Thank you.

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CHILDREN'S HOME SOCIETY OF CALIFORNIA
STATEWIDE SERVICES TO CHILDREN AND PARENTS SINCE 189

July 16, 1984

The Honorable George Miller, Chairman
Select Committee on Children, Youth and Families
U.S. House of Representatives
Room H2-385, House Office Building NX2
Washington D.C. 20515

Dear Representative Miller:

Subject Child Care: Exploring Private and Public Approaches.
Field Hearing San Francisco California
June 18, 1984

As State Director of Child Day Care Services for Children's Home Society of California, I wish to thank you for the opportunity to present the experiences of Children's Home Society of California in Child Day Care.

Children's Home Society of California is a statewide non-profit agency founded in 1891 to provide services for children and their families. Children's Home Society has been involved in child day care services since 1976 and has a wide variety of experience in resource and referral, a variety of state funded child care subsidy services, child care centers and employer related care. A combination of these services are offered throughout the State of California. Children's Home Society has recognized the continuing need for emphasis on child care services and is currently devoting increased time and private funding to development of quality child care throughout the State.

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PROBLEMS ENCOUNTERED

Our experience, like that of other child care organizations throughout the United States, clearly reflects a lack of quality affordable child care in every location in the State of California. It is not only almost impossible for people with limited income to find appropriate child care but even the presence of considerable income does not guarantee that child care needs can be met. For example, there is great need for infant care, particularly for children under 6 months. Data suggests that women do not choose to stay home for long periods of time when their babies are born. The medium time off for most women, following delivery, is about 12 weeks. Paternity leave is almost non-existent, so that the fathers of the children are rarely a resource for child care. Most infant care is done in individual homes licensed for 4 to 6 children. Clearly, these homes have to be close to the work place as these young infants, so recently separated from their mothers, may still be breast fed, thereby needing close access to the mother.

Parents who have children who have long-term special problems such as developmental delays, cerebral palsy, cystic fibrosis, or some of the difficult chronic diseases of childhood find child care almost impossible to locate, even though they are the parents who often have to work to supplement family income. Parents who have normal, healthy children already enrolled in nursery schools, day care centers or private family day care homes find it very difficult to find adequate care for the child when that child is ill. Such children cannot be taken to a child care center or a family day care home where other children would be exposed. The parents must miss work, often giving excuses that they themselves are ill since their employers rarely understand a parent being absent from work to care for a sick child.

Another category of parents who are finding it increasingly difficult to find child care are those who must work what many term "unconventional shifts". These can be staggered hours, evening hours and, worst of all, night duty. It is not by chance that child care is often discussed as child day care in that that is when most child care is available and certainly what the community sees as the most likely time for need for child care. American industry operates on a 24-hour basis and there are many areas where child care is available only from 8:00 A.M. to 5:00 P.M.. No child care is available to meet the needs of families who work "different" shifts.

There is little help available for the low income family who cannot afford to compete economically, especially if their child falls in one of the categories previously discussed. The solution of the past few years has been some type of subsidy, usually furnished in California through the State Department of Education in the form of funded centers. California has experimented with child care vouchers since 1976. This model of parent choice is especially responsive to parents with unusual needs, i.e. shift care, infant care, sick care, etc.. Clearly, government dollars cannot keep up with the demand for this type of child care. An example of how far the demand exceeds the amount of subsidy available would be Children's Home Society's experience in the Orange County District's subsidy programs.

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There there are 202 funded subsidy positions available through the State Department of Education. Currently there is a waiting list of 2,400 children whose parents are hoping to some day receive subsidy so that their children can have adequate care and they can go to work. This percentage of parents waiting to the number of child care spaces that are available is fairly typical throughout the State. Child care subsidies are available first of all to children who are in danger of abuse and neglect and thereafter by an income related scale set by the State of California. This scale considers any income to the family, including welfare payments to welfare recipients. This creates certain problems in that when the welfare payments are considered as part of income, these people, while eligible for subsidy, find themselves far down the list as parents with no income are the ones who receive subsidy first. Those already on welfare remain on welfare because they cannot go to work since there is no child care available. On the other hand, if child care were extended to those already on welfare, allowing them to go to work, and not extended to those who currently are unemployed and who are able to work only with a subsidy child care payment of some sort, one would only exchange one group of welfare recipients for another. Clearly, this is a dilemma that cannot be solved by governmental child care subsidy alone.

CHILDREN'S HOME SOCIETY'S EXPERIENCE IN EMPLOYER RELATED CHILD CARE

The solutions for additional child care subsidy, allowing more parents, particularly women, an opportunity to work and contribute to a society must rest with employers in partnership with government. There seems to be little doubt in anyone's mind that women are a crucial and vital part of the labor force. In 1980, 62% of women with school age children and 45% of women with children under 6 years of age were working outside their homes. Female heads of households have risen to 19% in 1982 and represents 5.34 million families in the U.S.. The number of women in all areas of American business, whether it be large or small, rural or urban, is increasing yearly. More and more women are entering the ranks of managers and executives of both large and small companies.

It would seem logical that with this movement of women, both into the labor force and into the ranks of managerial personnel, employer related care would grow rapidly. While employer related care is increasing, there is little to indicate that this partnership of the employer and employee is effective in most areas. Nationally, approximately 1,000 employers now provide some form of child care support but the vast majority of U.S. employers have yet to take child care as a serious issue. In the experience of Children's Home Society, one of the reasons that child care remains far down on the list of priorities of employers is a lack of information on the types of child care options that are available. Most employers think only of on-site day care centers which are both difficult to run, expensive to the employer and often not the alternative desired by the employees. On-site care is not always the practical solution, particularly for infants and school age children. Employers must be educated to the vast array of options that are available, ranging from enhanced resource and referral services, voucher payments, cafeteria style

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benefits to on-site centers and parent workshops on choosing child care, etc. We have found that employers tend to opt for the least expensive, most marginal type of employer involvement that can be offered. This is perhaps why many employers are finding enhanced resource and referral programs for their employees a real benefit.

The employer's reluctance is often related to the economy and the competitiveness of the current American market place. At a time when employers are finding themselves strapped financially for a variety of reasons, including major concerns about the economy and the recent and still to be recovered from recession, they are not likely to move forward in areas that are going to add additional expense. Unions that are negotiating for contracts with businesses have primarily salary and other fringe benefits in mind that do not necessarily include child care because child care does not effect all of the employees the way that health care provision, etc. does. Only in those companies where unions are negotiating with management around cafeteria style benefits do we find interest in including child care as one of those benefits. An additional reason that many companies are reluctant to move into child care is one of self-preservation for managers themselves. More and more women are moving into managerial positions. Male managers are much less likely to offer advantages to women who might then upset their positions. While this is a reason that is seldom talked about, it is one that is a realistic factor in what types of child care, if any, are provided in companies. An additional reason that many employers are not moving into child care has to do with the fact that many employers simply state they do not hear about the needs of child care from their employees. In talking with both employees and employers, it is clear that often employees are reticent to talk to employers about their needs for child care, feeling that they have had difficulty in getting whatever positions they have and that they may jeopardize their employment by making demands in regard to child care. Employers who have conducted surveys which clearly identify the employee find that there is less need for child care than those who have surveys turned in by anonymous employees that cannot be traced to a specific individual.

In working with a number of employers throughout the State of California and in reviewing some of the documentation from other sources, it is clear that employers are interested in child care often for only certain classifications of employees. Usually these are employees who are difficult to recruit and who are needed on a number of different shifts. For example, at a time when nurses were in great demand, hospitals were more interested in offering child care for nurses to encourage recruitment of this specialized group of people. However, the same hospitals were reluctant to offer child care for different job classifications within the same hospital setting where child care was being offered to the nurses.

Employers also talk about the fact that they are not sure what they will get out of child care. Somehow, employers feel that employees have made child care arrangements. Employers often talk about the lack of child care for sick children and the fact that employees are absent with children who are ill but they see little reason for their participation in increasing

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care for sick children. One of the ways that employers could offer enhanced resource and referral would be to provide some funding for development of care for sick children. This could either be done in-home or out-of-home care, specifically set up and designed to meet the needs of the given employer. There are numerous ways that employers could provide child care benefits for their employees without going into prohibitive dollar expenditures. While there seems to be a great deal of discussion of employer related care and increases in such care, changes are coming by far too slowly and in a very erratic fashion. There are a number of things that the federal government and state governments could do to make child care more attractive to employers without committing a large amount of government revenue.

SUMMARY

There has been a clearly documented need for comprehensive child care plans for parents currently in the work force and the lack of quality, affordable child care in every location, in the state of California is well known. This lack of care becomes critical when special problems arise.

In the past, child care has been met largely by parents own initiative and when they could not afford child care occasional subsidy and other incentives through government. Employers have only recently begun to show interest in child care. While most employers state that they are, "looking into child care plans", this process is very slow and most employers seem to select either some type of needs assessment to assess what needs to be done and then not pick up on that assessment or to choose some very modest child care plan that does little to alleviate the overall problem. Employers remain an untapped resource that are absolutely vital in assuring quality child care throughout the United States. The government's role in encouraging employers to move more rapidly into the area of child care cannot be underestimated. Children's Home Society would like to make the following recommendations as ways that the government can encourage employer related care.

RECOMMENDATIONS

1. Tax Incentives

   Industry and business are most responsive to tax incentives and in this both the federal and state government can play a major role. Tax credits to encourage employer supported child care should offer a broad range of options to the employer. Coalitions of employers should be encouraged through tax incentives and advantages to the partners of such coalition. In California, State Senator Gary Hart is introducing a legislative proposal directed at just such broad-based tax incentives from the State prospective, which include credits for needs assessments, referral activities, start-up activities, etc., as well as on-site programs on child care voucher subsidies. A similar bill at the Federal level is necessary. Congressman Jerry Patterson's H.R. 4465 is a step in this direction but deals only with center care and must be broadened to offer tax credit on a much wider base.

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2. Employer Related Child Care Task Force

The House Select Committee on Children and Youth should recommend that a task force on employer related care be set up and maintained for a period of three to five years. This task force would convene child care experts from throughout the United States, along with industry leaders, to work on a comprehensive employer related plan that would be both fair to industry and assure high quality child care. Such a task force could explore how child care plans could best be added to government contracts. This would be the way that the federal government could take a leadership role in child care in setting the direction for the 21st century.

3. Child Care Plan For Government Contracts

Federal and state governments should consider the methods in which government contracts could address the requirement of a child care plan for every contract that is funded through a governmental source. This one recommendation would have a profound effect on American business and could be done in stages. One option would require that there be a child care plan, not designating the type of plan or whatever with each contract. Since almost every major American business does some type of business with the federal or a state government, it would be a short span of time until every business was touched by, enlightened and had some working knowledge of a child care plan. The expectation would be that since such a plan would be necessary for government contracts, the employer would likely put in the plan for all employees whether or not they are working on a government contract. While this would not follow in all cases, it would certainly increase the amount of child care that is being provided in the United States and would be a true working relationship of public and private entities.

4. Child Care Option For Government Employees

Both the federal and state government should consider offering some type of child care option for their own employees as an example to other employers.

I have been very pleased to have this opportunity to offer these comments and considerations for your committee. Children's Home Society of California is eager and willing to assist you and the committee in whatever way we can to encourage employer related care throughout the state of California and the United States. We are very interested in the private, public partnership in providing quality child care for the children of our nation.

Respectfully Submitted,

Louise Fleenor
Director of Child Day Care Services

cc: Richard Pancost
James Spradley

MLF:lsm

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NATIONAL OFFICE
116 E. San Luis St.
Salinas, CA 93901
(408) 758-2735

July 5, 1984

The Honorable George Miller
U. S. House of Representatives
Select Committee on Children & Youth
Washington D.C. 20515

Dear Mr. Miller:

Friends Outside has worked with prisoners and their families in California (now also in Nevada and Idaho) for 30 years. In our 21 chapters we have a variety of programs which provide vital services to men and women in California State Prisons as well as in County Jails.

We are pleased to have been recipients of a federal grant from the Department of Health and Human Services to help incarcerated women reunite with their children upon release from prison. This research and demonstration project may provide one model of service linkage between departments of corrections, social services, and the courts.

Enclosed are copies of testimony concerning the needs of children of incarcerated parents. I had hoped to present it at the June 18th hearings in San Francisco, but was unable to because of other time commitments. I hope that this information will be useful to the Committee, and I would be glad to provide additional information.

Yours truly,

Carolyn Reid-Green

Carolyn Reid-Green Ph.D.
Project Director
Family Reunification Project

Enclosure

CRG:ke

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PREPARED STATEMENT OF CAROLYN REID-GREEN, PH.D., PROJECT DIRECTOR, FRIENDS OUTSIDE FAMILY REUNIFICATION PROJECT, SALINAS, CA

Members of the Committee:

I am pleased to have the opportunity to present to you some important information concerning the special needs of dependent children whose parents are incarcerated. There are in excess of * 400,000 men and women presently incarcerated in state prisons and federal penetentiaries across the country. It is estimated that at least 50% of these inmates have children aged (17 yrs.) or younger. Although the attention of the nation is focused on crime, recidivism and the issue of breaking the cycle of crime, the needs of these children are rarely considered. This testimony will address thses areas of need for this population: 1) Visitation; 2) Child Care; and 3) Foster care placement.

Visitation:

1. It is generally accepted by correctional authorities that frequent family visits are beneficial to prisoners. Maintenance of family ties builds the inmate's support system, enhances his/her participation in rehabilitation programs and reduces recidivism. Family visits are also important to children of incarcerated parents. Such visits allow continued contact, on-going communication, and opportunities for bonding.
   Some would say that incarcerated parents, because of their crime, have forfeited their right to have contact with their children. Others would say that children should be removed from "criminal families" or, at least, not be exposed to the prison environment. Denying contact between parent and child punishes the child as well as the parent. Most children want very much to remain in touch with their parents who are incarcerated. The reality of seeing their parents in a prison setting and unable to be with their children is less

* Combined federal and state prisons, 1980, United States Statistical Abstract

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damaging than the fantasy that their parents are in some other place and unwilling to take care of their offspring. Even if it were desirable, out-of-home placements or adoptive homes are not available or cost effective for this large group of children. In practice, a large percentage of these children eventually will be reunited with their incarcerated parent.

The task, then, is to find ways to strengthen the family ties during the period of enforced separation. One of the ways to do this is to facilitate frequent visitation and on-going family contact. This is not easy. Most state and federal prisons are far from the urban centers and not readily accessible to families. For children who live with their "free" (not incarcerated) parent, a relative or family friend, the frequency of visits will depend on distance to the facility, cost of travel and the willingness of the guardian to make the trip.

The situation regarding visiting appears to be different for male and female inmates. Women whose husbands are incarcerated seem to go to great lengths - including moving across the state or country - in order to be close to their husbands and to visit him regularly in prison. By contrast, men married to incarcerated women seem less consistent and less regular in visiting their mates in prison. This often means that the children of these unions do not have the opportunity to see their mothers for extended periods.

An additional complication arises for the child who is in an out-of-home placement. For this child the problem of visitation may be acute. The need for frequent visitation in order to promote successful family reunification is seldom acknowledged by departments of social service. In most cases no provisions are made for transportation or staff time to facilitate the visit. Needless to say, a

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program which promoted visitation would be costly to the state. However, in cases in which no visitation occurs (perhaps for a two or three year period), the chances of successful reunification upon release of the parent are generally diminished. In such cases nothing will have been done to bridge the gap of the separation itself, the divergent experiences of parent and child, and the changes due to growth and development. One likely cost to the state of not bringing a parent and child together under such circumstances might be greater need for on-going services and supervision by the Department of Social Services and by the Court.

Child Care:

2. Children of incarcerated parents have unique child care needs. For those children who do reach the prison visiting room to see their parents, there are some special problems. Typically prison visiting rooms are crowded, noisy places. There is little opportunity for intimate family conversation, age appropriate play or privacy. Some prisons, like the federal penetentiary at Pleasanton, have attempted to compensate for these deficiencies by providing a special protected place - a children's center - in which parents and children may visit. Centers such as this provide toys and equipment for children. More importantly, they provide staff who, if necessary, can provide assistance to the parents and child if the visit itself or the leave taking is difficult.

   The children's center can also provide vital assistance to a women who bears her child while incarcerated. In most cases, such infants born under these circumstances are removed from their mother within forty-eight hours. The children's center can serve as a safe and special

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place for mothers and infants to be together and to begin the process of attachment and bonding.

Foster Placement:

3. One approach to family reunification for children of incarcerated parents is to form linkages between departments of corrections, social services and the courts in order to arrange foster care placement of appropriate children in areas adjacent to the parents' place of incarceration. Both the Prison MATCH Program in Pleasanton, California, and the Family Reunification Project at the California Institution for Women at Frontera work with governmental agencies to promote coordination of services. A great deal more work needs to be done to forge permanent linkages among systems in order to ensure that every possible action has been taken on behalf of children of incarcerated parents.

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RECOMMENDATIONS:

Based on the above information, I would recommend that:

1. The language of P.L. 96-272 be changed to include identification of children of incarcerated parents as a population in need of special consideration concerning family reunification.

2. The Select Committee convene a series of regional conferences to evaluate the needs of these children.

3. One or more feasibility studies be done to assess the possibility of devising models of service linkage between departments of corrections, social services, education and the Juvenile (Dependency) Courts.

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PREPARED STATEMENT OF STEVANNE AUERBACH, PH.D., DIRECTOR, INSTITUTE FOR CHILDHOOD RESOURCES, SAN FRANCISCO, CA

I admire your willingness and determination to seek out the truth in regards to the current childcare situation. I was unable to attend the hearings here in San Francisco, but wanted to prepare testimony for submission to you.

In 1966, my daughter was born. We lived in Washington, D.C. I found shortly after she was born that it was necessary for me to return to work, and from that moment on, I became an advocate regarding childcare. Finding responsible childcare in the city of Washington at that time was very difficult. Finding someone to come to your home to babysit

And I discovered as I went to work in the Office of Education that the problems were as bad for the rest of the parents working there and soon I became involved in organizing the creation of a daycare center. I am enclosing a copy of the testimony I presented to Congressman Brademas and Congresswoman Patsy Mink at the time of their hearings in 1969. By that time, I had had a number of years of searching and frustration, loneliness and problems. It was very difficult and I do not feel the situation is any easier for the typical parent in any city in the United States. The daycare center in the Office of Education actually opened after two years' hard work. Many hearings were held on childcare during those years and the Bill to provide comprehensive childcare introduced by then-Senator Walter Mondale, and on the House side, Congressman Brademas was an ongoing issue that finally was resolved and passed through Congress. It was later to be defeated in a veto by then-President Nixon.

During that same period of time, I had worked as the as the government consultant to the White House Conference on Children in 1970, where 4,000 delegates chose childcare as a number one priority. Later I went on to the Office of Economic Opportunity to work on a national R&D program on childcare which was funded at that time for 2.5 million dollars. I was told to multiply into a 25 million dollar program.

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I am enclosing for your benefit a review of the article I did on federal funds for childcare. I feel that the testimony and information on confronting the childcare crisis and other writings will help to bring you up to date with my own delving into the subject and may assist you in some way.

I know that you've heard from many people in different locations who have told you about the problems of before and after-school childcare, the tragedies that have befallen young children in the situations of poor care and so on. What I would like to point out to you is the enormous stress that falls on every parent who has to be in this situation. They are made wrong by some members of society, who feel that they should stay at home. They are made wrong by their employers who are not giving them any support, they are made wrong by other members of society who are threatened by working women on any level, and on a daily basis they fear damage to their children and a sense that anything could happen. Instead of building a solid, secure, fault-free program that has health care as part of it and all of the other services, we see this country in as unenlightened condition regarding this as we were in 1966. I do not see the progress that I had hoped to see. I do not see the public assuming its responsibility for establishing more childcare in the private sector, and the private-profit programs are often run in a less than quality way. It seems particularly sad that with the technology this country has in terms of space exploration and the military prowess that we cannot reconcile one of the most critically-important issues--that of raising secure and healthy children and productively economically sound families. The problem and its solution I feel cannot be resolved if a no determination is found at every level of government from standards and licensing procedures, national and federal, state, local and support for the family itself. I hope that as a result of your hearings that a new legislative bill will be developed that will incorporate the best of the Bills of 1969 and help them to pass. I wish you well in your endeavors and feel free to contact me. I might add that my daughter is now 18 years of age and perhaps by the time she will become a mother, there will be childcare available for her to benefit from."

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U.S. House of Representatives
SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES
Washington, D.C. 20515

July 31, 1984

Gail D. Gonsales
Health Care Coordinator
San Juan Bautista Child Development Center
1965 Terilyn Avenue
San Jose, California 95122

Dear Ms. Gonsales:

Thanks so much for sending along the statistics you have developed on sick child care. They will be an important addition to the San Francisco hearing record.

You mentioned in your letter that your sick child care unit is very cost effective. Could you provide the Committee with more specific information concerning the amount of earnings saved by parents who would have otherwise lost them by staying home with a sick child? In addition, do you have information on the numbers of days of work lost by parents in your community due to illness of their children? Any other information you can provide will be greatly appreciated.

Thank you for your prompt response to these questions. I will be including your answers in the record of the hearing.

Sincerely,

George Miller

GEORGE MILLER
Chairman
Select Committee on Children,
Youth, and Families

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SAN JUAN BAUTISTA CHILD DEVELOPMENT CENTER
1945 Terilyn Avenue
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August 6, 1984

George Miller
Chairman
Select Committee on
Children Youth and Families
Room #2-385
House Office Building Annex 2
Washington, DC 20515

Dear Mr. Miller,

Thank you for taking such a great interest in the working families of our country and their child care problems and solutions. I am pleased to provide you with any information that I can.

There are problems in supplying you with the number of days of work lost by parents because of sick children. However the problems themselves might be of interest to you and the committee. When I have surveyed employers to try to determine the number of absences due to any child care arrangement, I find they have either not kept those records or the feeling is that the parent does not admit to child care problems. Personnel Directors feel that employees either fear reprisals, cover up so they are eligible for pay (call in sick)or they feel it is a woman's issue and do not discuss it at the workplace. This of course is a stress producing situation for parents and impedes data collection for our cause.

Our Sick Care Unit because of location and funding serves mostly low income families. We have served 1450 children this past fiscal year. The parents earn an average of $5.00 per hour. With that information we determined that the parents were able to earn $58,000 while we cared for their children. The cost to parents was $2246. We work on a sliding scale, so if our parents earned more, the parent fees would be higher.

We have one example that could be of interest to you. A single parent with three children earns $12480 per year. She has no benefits to care for sick children and was on probation for absences when she started to use Sick Child Care last year. This past fiscal year she has used our unit 26 days. That means 26 days she was able to work earning $48 per day or $1248 last year. Her cost for Sick Care was $78 total. Her employer had her on the job for those 26 days and did not have to replace her position or have substitutes cover her. Substitutes are less productive and generally cost at least $10 more per day.

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I have asked several of our families to write their own story to you as further examples.

One other way that Sick Child Care is cost effective, is it causes fewer abuses of the hospital admission system. We are by no means a substitute for a hospital when a child is severly ill, however, children could be discharged in a timely manner if the parent had reliable care for the recuperative period. Hospital admissions for "social" reasons could be dispensed with if a parent had reliable care elsewhere. Our cost of $30 per day, certainly are better than $300 per day for pediatric care and the cost is shifted to a different pot.

I hope this will be helpful. I wish I had cold hard facts to give you, but the truth is I have not been able to ascertain them myself.

Sincerely,

Gail D. Gonzales

Gail D. Gonzales
Health Care Director

GDG/dd

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PREPARED STATEMENT OF ARIEL G. BRYANT, CALIFORNIA STATE COORDINATOR, FIREHAWKS CHILDREN'S PROGRAM; DIRECTOR, FIREHAWKS, CHILDREN'S PROGRAM, OAKLAND, CA.; INSPECTOR, OAKLAND FIRE PREVENTION BUREAU, OAKLAND FIRE DEPARTMENT

During a ten year period as an instructor in the public schools and four years with the Oakland Fire Department, I have actively involved myself in the problems of many youth.

Many factors during the last decade or so have contributed to the emergence of several young people who are socially disenfranchised and who do not develop the social skills to integrate successfully into the mainstream of our culture.

One of the side effects of the present technological explosion is the experience of an increased feeling of isolation by many young people. The structure of the family is changing with the majority of households being managed by single parents, most of whom are women. Many women have started families at a much earlier age often before maximizing their opportunities for education and employment. Longer hours must be spent earning a living at the lowest paying jobs. The effect on children is that increasing numbers of children are being left unattended for long periods of time during a parent's absence from the home to work.

A latchkey society of young people is emerging with a whole different set of influences and values than many of those we were concerned with when we were growing up. Under ideal conditions the latchkey child comes home with a set routine and pre-planned provisions for control of his activities until the parent returns. Many of these children watch television and play with a host of video and computer games which are becoming increasingly available to the masses.

But for many kids the routine and support systems for latchkey living are simply not present. The unsupervised time between the end of the school day and the arrival home of a working parent is often spent wandering aimlessly through the neighborhood. Unemployment for many groups of these young people even in the later teens often exceeds fifty percent.

The opportunities experienced by some kids to contribute directly or indirectly to the support of the family is often not available for man of these kids. They must depend totally on the parent for their support. Their opportunities to practice many of the social arts necessary for adult living become increasingly scarce as even social interaction with other kids their own age is deferred to video entertainment system and games portraying the abstract destruction of space invaders. The loneliness is further complicated by the peer pressure to have and wear the clothes and other trappings of success. Designer jeans and other things that are considered by even the poorest of kids to be essential for ones appearance are often just out of reach of many kids.

These and many other frustrations experienced by many of these kids who are receiving conflicting messages from their environment have caused many kids to become resentful and carry feelings of hostility. Often they do not know socially acceptable ways to deal with these feelings. Troubled home situations often ending in the divorce of parents pitting the child each against other have caused many children to lash out at a world that seems to dominate them and leave them with little control of their lives.

It has been estimated that sixty percent of the fires intentionally set in Oakland are set by kids. Of these fires set by kids the vast majority occur during the hours between the close of the school day and the arrival at home of a working parent. These fires range from the accidental fires resulting from children's natural curiosity about fire, to those of the repeat offender who sees fire as a means for him to control some power in an otherwise powerless environment. Without planned intervention many of these young fire setters become the arsonists who cause millions of dollars worth of destruction every day throughout the country.

Since becoming a member of the Oakland Fire Department I have actively sought ways to prevent the destruction caused by fires. The Firehawk Children's Program offers such an opportunity for many children to receive a complete range of fire safety information and confidential help with problem fireplay.

Researched and developed during a two-year pilot-test funded by the United States Fire Administration/Federal Emergency Management Agency, the Firehawk Program proved 100% effective in stopping fireplay in recurrent child firesetters. The program is maintained by the National Firehawk Foundation, a non-profit, tax exempt organization with a network of licensed firehawk affiliates throughout the country.

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A study of child firesetting conducted by the Los Angeles Fire Department revealed three kinds of child firesetter risks: little, definite and extreme. Of "definite" risk children, most fit this description:

(1) young boys 5 to 13

(2) who come from homes where the father is absent or not caring

(3) and who have had a recent change in family or school (new baby, job loss, trouble with school grades . . . etc.)

A plan to see how well some of these children would interact with a firefighter volunteer who would be a friend and acts as a role model was developed and tested in San Francisco. Each firefighter volunteer is trained in various aspects of counseling and modifying the behavior of these youngsters. Besides giving the child a man's attention, each firefighter tries to:

(1) raise the child's feeling of selfworth

(2) teach the child how to "let off steam"

(3) help the child find things to do at parks, playgrounds, recreation centers

(4) teach the child some basics about fire safety and prevention.

The program has proved to be a very successful and low cost method to achieve some intervention in one problem area facing many children.

As director of a local affiliate and state coordinator for California's affiliates I have seen the results that can be achieved with the cooperation of other community groups and the development of supervised activities that let children interact and practice the social skills necessary for them to master if they are to become successful and well rounded members of our adult society.

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United Way
of the Bay Area

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June 18, 1984

The Honorable George Miller
Chairman, Select Committee on Children,
Youth and Families
United States House of Representatives
Room H2-385 House Office Building Annex 2
Washington, D. C. 20515

RE: "Child Care: Exploring Private and Public Sector Approaches"

Dear Chairman Miller and Select Committee Members:

I am writing on behalf of the Child Care Sub-Committee of Strategies for a Decade. Strategies for a Decade is a collaborative community problem-solving project of United Way of the Bay Area's (Northern California) Contra Costa County office. Decision-makers from corporations, businesses, public and private human services agencies, elected officials and other community leaders convened early last year to identify critical service needs in the community resulting from unprecedented local growth, changes in lifestyle and changes in public policy.

Child care services was one of the areas identified. The child care sub-committee was subsequently involved in the development of the enclosed publication, "Building a Community Based Child Care System." We submit it for your review and consideration in your deliberations. Please note that it identifies three critical problems - insufficient affordability of care, insufficient availability of care and inadequate assurance of quality of care here in Central and Eastern Contra Costa County - and a basic, overriding concern - the lack of a clear policy or comprehensive program at the national, state or local level on child care.

In our sub-committee's subsequent discussions and research of possible solutions, we too, have explored private and public sector approaches.

We believe that the costs of care should be shared by all -

- the parent consumer, according to ability to pay
- government at all levels - national, state, and local - as a policy statement that the

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growth and development of our future citizens is a high priority for America

- by employers in benefit packages
- by United Ways as facilitators of community giving
- by schools and churches through in-kind contributions of space.

We believe that the best option for making funding assistance available to families needing it is through a vendor or voucher system, such as California's Alternative Payment system. Funds from the above named sources would be merged and administered at the local level for eligible families. Parents would choose care, from a range of qualified options, appropriate to their needs, whether they have infants, preschoolers or school children, whether they commute with or without the children, etc.

We are concerned that expansion of on-site or employer operated programs will further segregate our children along economic lines--very poor children in publically funded centers, children in working families in employer funded centers, and children in well-to-do families in private programs.

An alternative payment system could merge funds from all sources and service families based on need and ability to pay on a sliding fee scale at the program of their choice.

Please contact United Way of the Bay Area's Contra Costa office at (415) 827-3530 if we can be of further assistance.

Yours truly,

Mary Lou Lucas

Mary Lou Lucas
Chairperson
Child Care Committee
Strategies for a Decade

MLL:dg

Enclosure

[Information referred to above is retained in committee files.]

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